LAWRENCE E. MARTIN
MASS. GENERAL HOSPITAL

156th Annual Report of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL 1969

OFFICERS AND STAFF

1970

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THE GENERAL HOSPITAL
Boston, Massachusetts

McLEAN HOSPITAL
Belmont, Massachusetts

THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building and Jackson Tower (1969)
7. Baker Memorial (1930)
8. Warren Building (1956)
9. Phillips House (1917)
10. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
11. Clinics Building (1903)
12. Walcott House (1913)
13. Moseley Building (1946)
14. George Robert White Building (1939)
15. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Fifty-sixth Annual Report of the Trustees

of

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INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

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General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those unable to pay for private medical care; **The Baker Memorial** with private and semi-private accomodations; **The Burnham Memorial for Children**; and the **Phillips House**, the private pavilion. These divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made (as of April 1, 1970) at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is the Psychiatric Division of the M.G.H., and the **Vincent Memorial Hospital** is the M.G.H.'s Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital (726-3321), is open 24 hours a day.

The *Clinics* of the M.G.H. are available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

Bunker Hill Health Center, located on High Street in Charlestown, is a division of the M.G.H. devoted to the medical care of Charlestown residents.

The *Storrow House* in Lincoln, Massachusetts, is operated by the hospital as an extended care facility.

The M.G.H. is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

–A member of United Community Services of Metropolitan Boston
–A member of the American Hospital Association
–Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
–Approved by the American Medical Association for Residencies and Internships

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Philip L. McCarthy, M.D.
Robert F. Tilley, M.D.

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Myron H. Matz, M.D.
A. David McGugan, M.D.
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Alan Ziskind, M.D.

Clinical Assistant
Joseph T. Murphy, M.D.

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Richard A. Goldsby, Ph.D.

Psychologist
Jerome Kagan, Ph.D.

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Cardiology:	Roman DeSanctis, M.D.
Cardiac Surgery:	W. Gerald Austen, M.D. Mortimer J. Buckley, M.D. W. Hardy Hendren, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. William C. Quinby, M.D.
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D.
Infectious Disease:	Morton N. Swartz, M.D. Arnold Weinberg, M.D.
Neurology:	Raymond Adams, M.D. Robert DeLong, M.D. Gwendolyn Hogan, M.D. Hugo Moser, M.D.
Neurosurgery:	William H. Sweet, M.D.
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Psychology:	Keith Connors, Ph.D.
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Urologic Surgery:	George R. Prout, Jr., M.C. Wyland F. Leadbetter, M.D.

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W. Hardy Hendren, M.D.
Charles E. Huggins, M.D.
Ronald A. Malt, M.D.
*George S. Richardson, M.D.
Grant V. Rodkey, M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Mortimer J. Buckley, Jr., M.D.
Edwin L. Carter, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
William C. Quinby, Jr., M.D.
John P. Remensnyder, M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistants in Surgery

Ann B. Barnes, M.D.
Robert J. Corry, M.D.
Willard M. Daggett, Jr., M.D.
Thomas S. Durant, M.D.
Josef E. Fischer, M.D.
Michael N. Margolies, M.D.
Ashby C. Moncure, M.D.

*On Leave of Absence

Clinical Associates in Surgery

Richard C. Austin, M.D.
Martin J. Bellinger, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Chester J. Dexter, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
John B. McKittrick, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Joseph R. Barrie, M.D.
James M. Doonan, M.D.
Charles T. Claydon, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.
John W. Towne, M.D.

Associate Biologist
Leona Zacharias, Ph.D.

Assistant Biologist
Daniel F. Malamud, Ph.D.

Associate Immunologist
Henry J. Winn, Ph.D.

Assistant in Immunology
Emil Skamene, M.D.

Assistant Biochemists
James W. Drysdale, Ph.D.
Michael J. Lee, Ph.D.

Assistant in Biology
Lee V. Leak, Ph.D.

GYNECOLOGY

Chief of Service
Howard Ulfelder, M.D.

Staff shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service
William H. Sweet, M.D., D.Sc.

Visiting Neurosurgeons

H. Thomas Ballantine, Jr., M.D.
Hannibal Hamlin, M.D.

Associate Visiting Neurosurgeon
Raymond N Kjellberg, M.D.

Assistant Neurosurgeons

Robert G. Ojemann, M.D.
R. Lewis Wright, M.D.

Assistant in Neurosurgery
James G. Wepsic, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, Ph.D.

Associate Neurophysiologist in Neurosurgery
Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery
Marianne L. Simmel, Ph.D.

Clinical Associates in Neurosurgery
Edward P. Baker, Jr., M.D.
Robert C. Cantu, M.D.
Vernon H. Mark, M.D.
Jost J. Michelsen, M.D.

Clinical Assistant in Neurosurger
Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Chief of Service
Melvin J. Glimcher, M.D.

Visiting Orthopedic Surgeons
Otto E. Aufranc, M.D.
Thornton Brown, M.D.
William H. Harris, M.D.
Eugene E. Record, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons
Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons
Robert J. Boyd, M.D.
William L. Kermond, M.D.
J. Drennan Lowell, M.D.
William R. MacAusland, Jr., M.D.
Edward A. Nalebuff, M.D.
Edward J. Riseborough, M.D.
Clement B. Sledge, M.D.
Morton Smith-Petersen, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopedic Surgery
Joseph S. Barr, Jr., M.D.
Robert B. Brendze, M.D.
Hugh P. Chandler, M.D.
James I. Huddleston, M.D.
Roderick H. Turner, M.D.

Clinical Associate in Orthopedic Surgery
Thomas F. Broderick, Jr., M.D.

Chief of the Department of Podiatry
John D. McLean, D.S.C.

Assistant Podiatrists
Edward R. Bloom, D.S.C.
Thomas F. Connolly, D.S.C.
Donald D. Donovan, D.S.C.
Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistants to the Orthopedic Outpatient Department
James S. Hewson, M.D.
Philip I. Salib, M.D.

Assistant Biologist in Orthopedic Surgery
Marijke E. Holtrop, Ph.D.

Assistant Biochemist in Orthopedic Surgery
Jerome M. Seyer, Ph.D.

Assistant Physical Chemist in Orthopedic Surgery
Elton P. Katz, Ph.D.

UROLOGY

Chief of Service
George R. Prout, Jr., M.D.

Consulting Visiting Urologist
Sylvester B. Kelley, M.D.

Visiting Urologists
Walter S. Kerr, Jr., M.D.
Wyland F. Leadbetter, M.D.
Howard I. Suby, M.D.

Assistant Urologists
Warren W. Koontz, Jr., M.D.
Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology
William L. Strickler, M.D.
Hugh H. Young, II, M.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service
Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons

George Christman, D.M.D.
Morton J. Olin, D.M.D.
Richard L. Miner, D.D.S.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons

Barry J. Agranat, D.M.D.
Robert C. Lincoln, D.M.D.
William L. Cosgrove, D.M.D.
Frederick K. Poulin, D.M.D.
Peter A. Dempsey, D.M.D.
Donald B. Rae, D.D.S.
Charles H. Endee, D.M.D.
Keith A. Shangraw, D.M.D.
Henry D. Howe, D.M.D.
Leonard B. Shulman, D.M.D.
Peter G. Kimball, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons

Robert E. Evans, D.M.D.
John B. Taylor, D.D.S.

Assistants in Oral Surgery

Myron Allukian, Jr., D.D.S.
Gary S. Goldstein, D.M.D.
Zygmunt W. Pozatek, D.M.D.

Clinical Associates in Oral Surgery

Herman DeWilde, D.M.D.
Terrence D. Hoover, D.M.D.
Daniel J. Holland, Jr., D.D.S.
George M. Noss, D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistant in Oral Surgery
Charles R. Bowen, D.M.D.

DEPARTMENTS

PATHOLOGY

Chief of Department
Benjamin Castleman, M.D.

Pathologists
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists
Leonard Atkins, M.D.
James B. Caulfield, M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists
Harold F. Dvorak, M.D.
Max L. Goodman, M.D.
Kilmer S. McCully, M.D.

Assistant in Pathology
Joel Umlas, M.D.

Clinical Associates in Pathology
G. Richard Dickersin, M.D.
Robert Fienberg, M.D.

Clinical Assistants in Pathology
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists
Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biologist
Barbara H. Sanford, Ph.D.

Assistant in Biology
Stephen W. Downing, Ph.D.

ANESTHESIA

Chief of Department
Richard J. Kitz, M.D.

Visiting Anesthetist
Henry K. Beecher, M.D.

Anesthetists
Phillips Hallowell, M.D.
Myron B. Laver, M.D.
Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists
George E. Battit, M.D.
Brian C. Dalton, L.R.C.P.I.
Lawrence D. Egbert, M.D.
John W.D. Garrett, M.D.
Bennie Geffin, M.B., Ch.B.
Edward Lowenstein, M.D.
Bucknam McPeek, M.D.
Roger H. Morris, M.D.
John F. Ryan, M.D.

Assistant Anesthetists

John M.R. Bruner, M.D.
Joan W. Flacke, M.D.
Eric B. Furman, M.B., B.Ch.
Suzanne J. Lamdin, M.D.
Rita A. Manzi, M.D.
Elliott V. Miller, M.D.
D. Garry Roman, M.D.
Sarita G. Walzer, M.D.

Psychologist

Gene M. Smith, Ph.D.

Consulting Psychologist

James E. Anliker, Ph.D.

Clinical Associates

Cesare G. Coletta, M.D.
John A. Goodwin, M.D.
Laurence A. Simons, M.B., B.S.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., Ph.D.

Associate Biochemist

Donald F. H. Wallach, M.D.

Assistant Biochemists

Winfried Boos, Ph.D.
Roberta F. Colman, Ph.D.
Annette M.C. Rapin, Ph.D.

Assistants in Biochemistry

Alexander U. Bertland, Ph.D.
Linda H. Bertland, Ph.D.
Adrienne S. Gordon, Ph.D.
Albert E. Murray, Ph.D.

Visiting Biochemist

Dimitri Stathakos, Ph.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists

Theodore F. Medrek, Ph.D.
Barbara K. Watson, Ph.D.

CLINICAL CHEMISTRY LABORATORIES

Chief

Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director

William S. Beck, M.D.

RADIOLOGY

Chief of Department
Laurence L. Robbins, M.D.

Radiologists
Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
J. Malcolm McNeill, M.D.
Paul F.J. New, M.D.
Henry P. Pendergrass, M.D.
Paul M. St. Aubin, M.D.
Milford D. Schulz, M.D.
Chiu-chen Wang, M.D.

Associate Radiologists
Murray L. Janower, M.D.
K. Jack Momose, M.D.
Frederick S. Tomchik, M.D.
Alfred L. Weber, M.D.

Visiting Radiologists
Lucy F. Squire, M.D.
Stanley M. Wyman, M.D.

Assistant Radiologists
Franklin L. Angell, M.D.
Joseph T. Ferrucci, Jr., M.D.
Gerald M. Kolodny, M.D.
Richard E. Land, M.D.
Richard C. Pfister, M.D.
Thomas E. Shea, M.D.
Milton A. Weiner, M.D.
George F. Zinninger, M.D.

Assistants in Radiology
James W. Wallace, M.D.
Frederick A. Watts, Jr., M.D.

Clinical Associates in Radiology
Joseph Hanelin, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
Majic S. Potsaid, M.D.

Clinical Assistants in Radiology
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
William J. Otto, Jr., M.D.
James A. Peterson, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.

Physicist
Edward W. Webster, Ph.D.

Assistant Physicist
Hing-Har Lo, M.S.

Assistant in Physics
Rosemarie Wipfelder, B.S.

Engineer
Malcolm MacKay

DEPARTMENT OF REHABILITATION MEDICINE

Chief
Donald S. Pierce, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director
Morten Grove-Rasmussen, M.D.

Associate Director
Charles E. Huggins, M.D.

Clinical Consultants
John P. Remensnyder, M.D.
John T. Truman, M.D.

CONSULTANTS

Consultant in Medicine
Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine
John E. Gordon, M.D.
David D. Rutstein, M.D.

Consultant in Tropical Diseases
George C. Shattuck, M.D.

Consultants in Dentistry, Department of Neurology
Richard A. Winer, D.M.D.
M. Michael Cohen, D.M.D.

Consultant in Neuropathology
Paul I. Yakovlev, M.D.

Consultants in Psychiatry
Jacob Christ, M.D.
Carola B. Eisenberg, M.D.

Consultant in Forensic Psychiatry
Neil L. Chayet, LL.B.

Consultant in Psychology, Department of Psychiatry
Irving Wolf, Ph.D.

Consultants in Pediatrics
William Berenberg, M.D.
Alexander S. Nadas, M.D.
Horace Gezon, M.D.
Alfred Yankauer, M.D.

Consultant in Oral Biology, Department of Orthopedic Surgery
Philip T. Levine, D.M.D.

Consultant in Mathematics, Department of Psychiatry
Charles L. Feldman, Sc.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.Sc.

Consultant in Plastic Surgery
Joseph E. Murray, M.D.

Consultant to Surgical Service
Charles C. Lund, M.D.

Consultant in Biophysics in Neurosurgery
Eugene Bell, M.Sc., Ph.D.

Consultants in Engineering Science, Department of Orthopedic Surgery
Robert W. Mann, Sc.D.
Igor L. Paul, Sc.D.

Consultant in Pathology
Walter G.J. Putschar, M.D.

Consultants in Radiology
Henry I. Kohn, Ph.D., M.D.
John B. Little, M.D.
Edward B.D. Neuhauser, M.D.
Richard Schatzki, M.D.
Melvin Tefft, M.D.

Consultant in Physics
Robley D. Evans, Ph.D.

HOUSE STAFF

Residents and Interns
As of January 1, 1970

MEDICINE

Chief Resident: Cyrus C. Hopkins, M.D.

Residents:
John W. Burnside, M.D.
William B. Dunkman, M.D.
Oscar B. Garfein, M.D.
Edward B. Gilmore, M.D.
Adolf W. Karchmer, M.D.
Robert S. Lawrence, M.D.
John Nobel, M.D.
Myron L. Weisfeldt, M.D.
Jonathan R. Williams, Jr., M.D.

Assistant Residents:
Saul G. Agus, M.D.
Lincoln C. Chen, M.D.
Ronald G. Crystal, M.D.
James B. Gross, M.D.
Nortin M. Hadler, M.D.
Ronald Levy, M.D.
Stephen J. Marx, M.D.
Arthur W. Nienhuis, M.D.
Rodney S. Omachi, M.D.
Stephen G. Pauker, M.D.
Eli C. Ridgway, III, M.D.
Donald A. Rothbaum, M.D.
Kent W. Salisbury, M.D.
Michael R. Soper, M.D.
Ralph M. Steinman, M.D.
Nina E. Tolkoff, M.D.

Interns:
John P. Atkinson, M.D.
Lewis M. Bobroff, M.D.
Jeffrey S. Borer, M.D.
Robert C. Collins, M.D.
William F. Crowley, Jr., M.D.
David B. Diamond, M.D.
Donald A. Goldmann, M.D.
Edward P. Hoffer, M.D.
David C. Hueter, M.D.
Donald J. Krogstad, M.D.
Michael A. Lew, M.D.
Robert L. Marier, M.D.
Raymond J. Matta, M.D.
Richard N. Re, M.D.
William E. Seaman, M.D.
George E. Thibault, M.D.

DERMATOLOGY

Assistant Residents:
Gary S. Brauner, M.D.
Carlton S. Brownstein, M.D.
Sheldon K. Gottlieb, M.D.
Michael A. Greenwald, M.D.
Stephen B. Guss, M.D.
Michael T. Jarratt, M.D.
M. Felix Onwukwe, M.B., B.S.
Kathleen T. O'Shea, M.D.
John A. Parrish, M.D.

NEUROLOGY

Residents
Robert H. Ackerman, M.D.
Horatio R. Aldredge, III, M.D.
Elizabeth C. Dooling, M.D.
Myron D. Ginsberg, M.D.
Jerome V. Murphy, M.D.
Edward R. Wolpow, M.D.

Assistant Residents:

Margaret L. Bauman, M.D.
Louis R. Caplan, M.D.
Morris A. Fisher, M.D.
Thomas H. Glick, M.D.
Melvyn L. Haas, M.D.
Ronald M. Kobayashi, M.D.
Victor A. Levin, M.D.
Eileen M. Ouellette, M.D.
Stephen W. Parker, M.D.
Charles R. Plank, M.D.
John R. Seals, M.D.
William T. Thach, Jr., M.D.
Joseph J. Volpe, M.D.
Bryan T. Woods, M.D.

PSYCHIATRY

Assistant Residents:

Robert S. Abernethy, M.D.
William H. Anderson, M.D.
Lilia E. Bordone, M.D.
Marvin M. Brode, M.D.
Edward H. Cassem, M.D.
Edward A. Conboy, M.D.
Franklin C. Curren, M.D.
Louise A. Dierker, M.D.
William B. Donovan, M.D.
Lloyd O. Eckhardt, M.D.
John D. Gambill, M.D.
David T. Gavan, M.D.
Jay H. Holtzman, M.D.
John S. Howland, M.D.
David Hutchison, M.D.
Ira Lable, M.D.
Gerald K. Lazar, M.D.
Cecilia B. Lim-Castelo, M.D.
Joseph F. Lipinski, M.D.
Robert C. Marvit, M.D.
Michael D. Murphy, M.B., B.Ch.
Harvey A.P. Myers, M.D.
Michael H. Nelson, L.R.C.S.
Steven L. Nickman, M.D.
Ronald V. Norris, M.D.
John E. O'Malley, M.D.
Karen L. Pajari, M.D.
Robert M. Post, M.D.
William G. Prescott, M.D.
Thomas D. Steward, M.D.
Philip Sullivan, M.D.
Owen S. Surman, M.D.
Ernesto Vasquez-Amory, M.D.

CHILDREN'S

Chief Resident:

Melvyn B. Levine, M.D.

Residents:

Helen C. Christy, M.D.
Gilbert Duritz, M.D.
David W. Marsland, M.D.
Geraldine A. McCormack, M.D.

Assistant Residents:

Patricia C. Adams, M.D.
Ronald R. Benz, M.D.
Herbert Boerstling, M.D.
Zonda Hildebrand, M.D.
Herbert O. Mathewson, M.D.
Cynthia A. Miller, M.D.
Mukunda Mukherjee, M.B.B.S.
Frederick L. Trowbridge, M.D.

Interns:

Margaret H. Bean, M.D.
Paula M. Botstein, M.D.
Charles A. Dinarello, M.D.
Steven T. Levy, M.D.
Monte S. Meltzer, M.D.
James A. Pollack, M.D.
Keith S. Reisinger, M.D.
Mark C. Rogers, M.D.

SURGERY

Chief Residents:
Melvin R. Platt, M.D.
LeRoy S. Wirthlin, M.D.

First Assistant Residents:
William M. Abbott, M.D.
Joel D. Cooper, M.D.
A. Benedict Cosimi, M.D.
Peter B. Mansfield, M.D.
John B. Mulliken, M.D.
Andrew L. Warshaw, M.D.
Dennis R. Whitlow, M.D.
Ronald M. Weintraub, M.D.
Laurence E. Wolf, M.D.

Second Assistant Residents:
Eugene L. Appel, M.D.
Kenneth H. Atkinson, M.B.B.S.
Joseph M. Craver, M.D.
Frederick J. Finseth, M.D.
Anthony L. Imbembo, M.D.
Fredric Jarrett, M.D.
Barry D. Kahan, M.D.
Richard F. Kempczinski, M.D.
Michael B. Lewis, M.D.
Bruce A. MacDougal, M.D.
Michael T. McEnany, M.D.
Charles G. Mixter, M.D.
Richard S. Myers, M.D.
James J. Ryan, M.D.
David R. Stewart, M.D.
Kenneth Taguchi, M.D.
Phillip H. Taylor, M.D.
John R. Wesley, M.D.

Third Assistant Residents:
St. George T. Aufranc, M.D.
James F. Burdick, M.D.
Timothy G. Canty, M.D.
John C. Garrett, M.D.
Roberto C. Heros, M.D.
Frederick H. Levine, M.D.
Robert C. McGann, M.D.
Lawrence J. Mills, M.D.
Robert W. Sloane, Jr., M.D.
William W. Southmayd, M.D.
John P. Welch, M.D.

Interns:
Kenneth G. Barron, M.D.
Karl E. Becker, M.D.
Benjamin E. Cohen, M.D.
Joel J. Feldman, M.D.
Michael R. Harrison, M.D.
Alan D. Hilgenberg, M.D.
Paul A. Markey, M.D.
James W. May, Jr., M.D.
Theodore X. O'Connell, M.D.
David A. Rottenberg, M.D.
John A. Ryan, Jr., M.D.
James S. Schutz, M.D.
Samuel L. Selinger, M.D.
David M. Tracy, M.D.

NEUROSURGERY

Chief Resident:
Gerald N. Gold, M.D.

Assistant Residents:
Paul H. Chapman, M.D.
Edwin G. Fischer, M.D.
Ronald W. Hurt, M.D.
Paul L. Kornblith, M.D.
Joseph C. Rich, Jr., M.D.
Howard A. Richter, M.D.
Henry H-H Schmidek, M.D.
R. Michael Scott, M.D.
Edward Tarlov, M.D.

ORTHOPEDIC SURGERY

Chief Residents:
Stuart Cope, M.D.
Gerald A. Dehner, M.D.

Residents:
Marc A. Asher, M.D.
James H. Herndon, M.D.

Assistant Residents:
John P. Barrett, M.D.
Philip Bernstein, M.D.
Frederic W. Bost, M.D.
David T. Greenleaf, M.D.
John E. Kenzora, M.D.
Barrie L. Lindenbaum, M.D.
James P. McElhinney, M.D.
Lyle J. Micheli, M.D.
Dineshkumar G. Patel, M.B.B.S.
John R. Ream, Jr., M.D.
Kenneth M. Singer, M.D.
Ben R. Thebaut, Jr., M.D.
Thomas J. VanderSalm, M.D.
Peter L. Weingarten, M.D.
Roger N. Williams, M.D.

UROLOGY

Chief Residents:
John J. Greisman, M.D.
Ambrose P. McLaughlin, M.D.
Clinton D. Vermillion, M.D.

Assistant Residents:
Stephen P. Dretler, M.D.
Stuart S. Howards, M.D.
David L. McCullough, M.D.
Donald G. Skinner, M.D.

PATHOLOGY

Residents:
Jerry L. Harris, M.D.
Robert A. Hershberg, M.D.
Stanely J. Robboy, M.D.
Ronald S. Weinstein, M.D.

First Assistant Residents:
Nelson A. Burstein, M.D.
Neil S. McNutt, M.D.
Vivian W. Pinn, M.D.
Manuel Ramirez-Lassepas, M.D.
Arthur S. Schantz, M.D.
Allan L. Schiller, M.D.

Second Assistant Residents:
James C. Hogg, M.D.
Gene J. Mark, M.D.

Third Assistant Residents:
Robert B. Colvin, M.D.
Umberto DeGirolami, M.D.
Mary E.H. Hammond, M.D.
John S. Kaiser, M.D.

Interns:
William J. Cornetta, III, M.D.
John J. Godleski, M.D.
Vera C. Hyman, M.D.
Lawrence J. Minette, M.D.
Bruce D. Ragsdale, M.D.

ANESTHESIA

Chief Resident: John W. Hennessey, M.D.

Assistant Residents:

Kay F. Aldredge, M.D.
Jean Paul Babineau, M.D.
Virginia Barnes, M.D.
Edward A. Beierholm, M.D.
David A. Bittar, M.D.
Burton A. Briggs, M.D.
Albert M. Broennle, Jr., M.D.
Ronald E. Brons, M.D.
Robert A. Carmona, M.D.
Lambertus J. Drop, M.D.
Edward C. Elsey, Jr., M.D.
Konrad R.J. Falke, M.D.
Jay G. Hayden, M.D.
Su-Ryong Hur, M.D.
Adly H. Iskandar, M.B., B.Ch.
Allan M. Katz, M.D.
Anil Kumar, M.B.B.S.
James G. Loftus, M.B., B.Ch.
Marie A. Mesaros, M.D.
Joseph R.F. O'Connor, M.D.
Gerard W. Ostheimer, M.D.
William D. Owens, M.D.
Javier Ramirez-Acosta, M.D.
James T. Roberts, M.D.
Joseph Shurman, M.D.
Suzanne S. Webb, M.D.
William F. Wheeler, Jr., M.D.
Hideyasu Yoshikawa, M.D.

RADIOLOGY

Chief Resident: Robert F. Rider, M.D.

Residents:

Karl T. Benedict, M.D.
Raymond A. Berke, M.D.
Robert J. Cihak, M.D.
Michael A. Glueck, M.D.
Joseph A. Guzzetta, M.D.
Geun G. Jang, M.D.

First Assistant Residents:

John R. Fischer, M.D.
Philip M. Hatfield, M.D.
Sidney P. Kadish, M.D.
David A. Kumpe, M.D.
Jack E. Meyer, M.D.
Jeffrey H. Newhouse, M.D.
Alan F. White, M.D.

Second Assistant Residents:

Spencer Borden, IV, M.D.
W. Robert Courey, M.D.
Lawrence M. Kotner, Jr., M.D.
Charles S. Langston, M.D.
Richard W. Livesay, M.D.
John D. Osmond, III, M.D.
Robert Ring, III, M.D.
Jeffrey P. Rudnick, M.D.
Larry J. Severson, M.D.
Edward R. Sun, M.D.
John H. Sutphen, M.D.
Larry H. Westerfield, M.D.

ORAL SURGERY

Assistant Residents:

Robert B. Donoff, D.M.D.
Steven M. Roser, D.M.D.

Interns:

Leonard B. Kaban, D.M.D.
Thomas B. Kilgore, D.M.D.
Samuel E. Molind, D.M.D.

CLINICAL AND RESEARCH FELLOWS

MEDICINE

Visiting Fellows:

Sixtus Hynie, M.D.
Josip Matovinovic, M.D.

Fellows:

Maxwell Abramson, M.D.
Levi C. Adams, M.D.
Bruce B. Africa, Ph.D.
Faiq J. Al-Bazzaz, M.B., Ch.B.
Morton E. Alpert, M.D.
Paul W. Armstrong, M.D.
Bernard R. Aserkoff, M.D.
Alan B. Ashare, M.D.
Josep Avruch, M.D.
Clyde H. Beck, Jr., M.D.
Richard E. Belsey, M.D.
William M. Bennett, M.D.
Jerrold G. Bernstein, M.D.
David E. Bice, Ph.D.
Peter C. Block, M.D.
Daryl E. Bohning, Ph.D.
Webb E. Braselton, Jr., Ph.D.
Donald J.W. Burnes, Ph.D.
Lawrence R. Burwell, M.D.
Jose L. Cevallos, M.D.
Ramesh Chandra, Ph.D.
C. Thomas Cori, Ph.D.
Richard Cornell, M.D.
Yves Courtois, Ph.D.
Lloyd A. Culp, Ph.D.
Leonard J. Deftos, M.D.
Zereh N. Demirjian, M.D.
James J. Dineen, M.D.
William E. Dismukes, M.D.
John D. Dougherty, M.D.
Adrian P. Douglas, M.B., B.S.
Jack E. Farnham, M.D.
Katherine A. Finseth, M.D.
Henry C. Ford, Ph.D.
Rebecca C. Garland, Ph.D.
Richard C. Gardner, M.D.
Hari C. Garg, Ph.D.
George J.D. Girey, M.D.
John L. Glick, M.D.
Herman K. Gold, M.D.
John M. Goldman, B.M., B.Ch.
Richard J. Grand, M.D.
Joel F. Habener, M.D.
Margaret D. Halford, Ph.D.
Carlos R. Hamilton, Jr., M.D.
Elvin Harper, Ph.D.
William D. Heizer, M.D.
Joseph J. Herskovits, M.B.
Martin S. Hirsch, M.D.
Richard M. Humes, Ph.D.
Adolph M. Hutter, Jr., M.D.
Shogo Igarashi, M.D.
Elmar R. Jarosch, M.D.
Jean-Claude Jaton, Ph.D.
Howard L. Judd, M.D.
Robert E. Kahn, M.D.
Carol A. Kandall, Ph.D.
Harry D. Kaloustian, M.D.
B.R. Kanyerezi, M.B., Ch.B.
Joan C. Kaplan, Ph.D.
Richard L. Katzman, Ph.D.
Henry T. Keutman, M.D.
Robert A. Koene, M.D.
Kenneth R. Krauss, M.D.
David G. Large, Ph.D.
Barry W. Levine, M.D.
Rudolf M. Lequin, Ph.D.
Louis B. Levovsky, M.D.
Elwira M. Lisowska, Ph.D.
Howard D. Maccabee, Ph.D.
Anthony D.C. MacKnight, M.B., Ch.B.
Albert R. Martin, M.D.
George P. Mayer, M.S.
Kenji Miyai, Ph.D.
Timothy M. Murray, M.D.
Pradip K. Nandi, Ph.D.
Nasir-Ud-Din, Ph.D.
Hugh D. Niall, M.D.
Donald S. O'Hara, Ph.D.
Normand E. Olivier, M.D.
Suzanne Oparil, M.D.
Arnold L. Oronsky, Ph.D.
Willy N. Pachas, M.D.
Raymond Pageau, B.Sc.
David W. Parsons, M.D.
Edward F. Parsons, M.D.
Munro Peacock, M.B., Ch.B.
James I. Peters, Jr., M.D.

Hans F. Pfeiffer, Ph.D.
Stephen M. Pizer, Ph.D.
Janet M. Plate, Ph.D.
David A. Powell, M.B., B.Ch.
Edwin L. Prien, Jr., M.D.
Peter R. Raggatt, Ph.D.
S. Rajaramalingam, M.B.B.S.
Vernon N. Reinhold, Ph.D.
Stanley J. Reiser, M.D.
Heinz G. Remold, Ph.D.
Manuel Ribas-Mundo, M.D.
Anthony W. Robbins, M.D.
Robert D. Rosenberg, M.D.
Leonard J. Rosenthal, Ph.D.
Henry Rothschild, Ph.D.
Joel J. Rubenstein, M.D.
Richard A. Rudders, M.D.
Lorne A. Runge, M.D.
James D. Russell, Ph.D.
Charles L. Schulman, M.D.
Wolfgang W. Schmidt-Nowara, M.D.
Edward M. Sellers, M.D.
Fredric C. Shean, M.D.
Neil S. Shore, M.D.
Frederick R. Singer, M.D.
Robert S. Smith, M.D.
Massimiliano Spinola, Ph.D.
Andrzej C. Temeriusz, Ph.D.
Shirley W. Thenen, Ph.D.
Geoffrey W. Tregear, Ph.D.
Bryan P. Toole, Ph.D.
Alain M. Veyrieres, Ph.D.
William A. Walker, M.D.
Christopher D. Warren, Ph.D.
Michael D. Waterfield, B.S.
Thomas C. Werner, Ph.D.
Richard B. Whiting, M.D.
James T. Willerson, M.D.
Ferdinand Wirtz-Peitz, Ph.D.
Stanley H. Wishner, M.D.
Jacob Yonath, Ph.D.
Rudolf Zacest, M.B., B.S.

DERMATOLOGY

Paul H. Dugard, B.Sc.
Samuel Fine, M.D.
Harley A. Haynes, M.D.
Malcolm M. Lane-Brown, M.B.B.S.
Gerald S. Lazarus, M.D.
William R. Levis, M.D.
Sheldon R. Pinnell, M.D.

NEUROLOGY

Visiting Fellow:
Coskun Ozdemir, M.D.

Fellows:
Abdel R. Adwani, M.B.B.S.
Jean P. Berger, M.D.
Ewa E. Chelmicka, M.D.
Olajide A. Idowu, M.B., B.Ch.
Juan L. Jammes, M.D.
Ulf Kunze, M.D.
Donald J. Kurtz, M.D.
Francis L. Mastaglia, M.B.B.S.
Andre E. Merminod, M.D.
Aubrey Milunsky, M.B., B.Ch.
C-U Muckenhausen, M.D.
Norma V. Raynes, Ph.D.
David Saffer, M.D.
Maria V. Salam, M.D.
Antonio J. Vitug, M.D.

NEUROPATHOLOGY

Marcel Chatel, M.D.
Michael J. Moore, M.D.
Surl L. Nielsen, M.D.
Herbert H. Schaumburg, M.D.

PSYCHIATRY

Terry R. Anders, Ph.D.
Gerald J. Cecere, Ed.D.
Stephen N. Creel, M.D.
Barry M. Crown, Ph.D.
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Matti O. Huttunen, M.D.
Manfred Karobath, M.D.
David Lelos, M.A.
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Barry S. Lubetkin, Ph.D.
Steven W. Matthysse, Ph.D.
Ian G. McNickle, M.B., Ch.B.
Joyce E. Millette, M.D.
Charles S. Mullin, M.D.
Alvin E. Murphy, Jr., M.D.
Joe M. Parks, M.D.
P. Clayton Rivers, Ph.D.
Chaim M. Rosenberg, Ph.D.
Jeffrey J. Rothmeier, Ph.D.
Gerard H. Rothschild, M.A.
Antonina J. Sidorowicz, M.B., Ch.B.
Julius H. Singbeil, M.D.
Evelyn D. Waitzkin, M.D.
Howard A. Wishnie, M.D.
Steven M. Zifferblatt, Ph.D.

PEDIATRICS

Nancy L. Day, M.P.H.
Judith P. Gieske, M.D.
Barbara M. Harley, M.D.
Alberto Hayek, M.D.
John T. Herrin, M.R.A.C.P.
Lee B. Jacoby, Ph.D.
Hiroyuki Nakamura, Ph.D.
Vincent M. Riccardi, M.D.
Shirley Russell, Ph.D.
Koki Sato, Ph.D.
Ronald S. Slesinski, Ph.D.

SURGERY

Visiting Fellow:
William M. Keynes, M.D.

Fellows:
Mireya Avendano, M.D.
Conrad A. Baldamus, M.D.
Jesus A. Bianco, M.D.
Marbella B. Bianco, M.D.
Conrado C. Bondoc, M.D.
Peter E. Bruecke, M.D.
Marco Castagneto, M.D.
Federico Chavez-Peon, M.D.
Thomas C. Cochran, Jr., M.D.
Max H. Cohen, M.D.
Margaret E. Davies, Ph.D.
Albert J. Erdmann, M.D.
Eric A. Guthy, M.D.
Hiromichi Hattori, M.D.
Kenneth E.F. Hobbs, M.B., B.S.
Fumihiko Kato, M.D.
Luciano G. Ladaga, M.D.
Ian F.C. McKenzie, M.D.
Gerald J. Monchik, M.D.
Jack M. Monchik, M.D.
Jardena Ovadia, M.D.
Hytho H. Pantazelos, M.D.
Michele A. Pellegrino, Ph.D.
Atm Prakash, M.B., B.S.
Piergiorgio Righetti, Ph.D.
Francisco A. Ruiz-Ortiz, M.D.
Elizabeth A. Shanahan, M.B., B.S.
David H. Sachs, M.D.
Hiroshi Suzuki, M.D.
Allen J. Togut, M.D.
Cyrus Vakili, M.D.
Pavel Vancura, M.D.
Yasuhiko Wanibuchi, M.D.
V. Anne Wonham, Ph.D.
John E.C. Wright, M.B.B.S.

NEUROSURGERY

David A. Roth, M.D.
Hidehiko Takamatsu, M.D.
Hideo Terao, M.D.

ORTHOPEDIC SURGERY

Joan R. Anesey, B.S.
Laurence C. Bonar, Ph.D.
James E. Butler, M.D.
David R. Eyre, Ph.D.
Thomas R. Fisher, M.B., Ch.B.
Hamish G. Gillies, M.B., Ch.B.
Hayato Hirotani, M.D.
Fumio Kato, M.D.
John J. Lavorgna, M.D.
Lewis H. Millender, M.D.
Raymond T. Morrissey, M.D.
Setsuo Ninomiya, M.D.
Eric L. Radin, M.D.
Martin F. Roach, M.D.
Masako Sakamoto, Ph.D.
Seizaburo Sakamoto, Ph.D.
Edwin S. Schottstaedt, M.D.
Manouchehr S. Shirazi, M.D.
Sheldon R. Simon, M.D.
Alan R. Spector, Ph.D.
Athena Stavropoulos, Ph.D.
Jesse M. Weinger, M.D.
Hugh G. Watts, M.D.

PATHOLOGY

Juanito B. Billote, M.D.
John B. Blennerhassett, M.B., Ch.B.
James J. Daly, M.D.
Mary E. Kirk, M.D.
Leslie S. Kish, M.D.
Martin C. Mihm, Jr., M.D.
Mario J. Saldana, M.D.
Robert L. Trelstad, M.D.

ANESTHESIA

John H.L. Bland, M.D.
Jane E. Denton, M.D.
Carolyn P. Greenberg, M.D.
John K. Hairabet, M.B., B.Ch.
Guenther E. Herpfer, M.D.
Miroslawa T. Jasinska, M.D.
Roger A. Kleve, M.D.
Demetrios G. Lappas, M.D.
Alix Mathieu, M.D.
Stuart J. Menn, M.D.
Masanobu Nakamura, M.D.
Stanislaw K. Necek, M.D.
William J. O'Brien, M.B., B.S.
Patricia W. Osgood, A.B.
Andrzej Piech, M.D.
Marian J. Rice, M.B., B.Ch.
Neville J. Rosen, B.M., B.Ch.
Jerzy B. Siedlecki, M.D.
Pennathur Sundaram, M.B.B.S.
S.K. Szyfelbejn, M.D.
Bernadette Trichet, M.D.
Mitsuo M. Yokoyama, M.D.
Philip L. Zaacks, M.B., Ch.B.

RADIOLOGY

Roger A. Bauman, M.D.
Barry R. Figtree, M.B.B.S.
Man Chung Han, M.D.
Guy C. Hebert, M.D.
Richard M. Heller, M.D.
Roberto B. Jimenez, M.D.
Eduardo A. Lassalle, M.D.

BIOCHEMICAL RESEARCH

Grant Fairbanks, Jr., Ph.D.
John M. Graham, Ph. D.
Harry D. Price, Ph.D.
Yousuke Seyama, M.D.
Theodore L. Steck, M.D.

ORAL SURGERY

Edward B. Seldin, D.M.D.

McLean Hospital

List of officers and staff of McLean Hospital begin on page 209

Massachusetts Eye And Ear Infirmary

ADMINISTRATION

Director
Charles T. Wood

Associate Director
Raymond W. Lyons

Assistant Directors
James Hamill
Samuel S. Drury

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

Chief of Ophthalmology
Henry F. Allen, M.D.

Surgeons in Ophthalmology

Garrett L. Sullivan, M.D.
Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Harry E. Braconier, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Taylor R. Smith, M.D.

Associate Surgeons in Opthalmology

W. Morton Grant, M.D.
Karl Riemer, M.D.
Henry A. Mosher, M.D.
Robert J. Brockhurst, M.D.
Alfred W. Scott, M.D.
Charles H. MacLaughlin, M.D.
David H. Scott, M.D.
Ichiro D. Okamura, M.D.
Charles D.J. Regan, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
David D. Donaldson, M.D.

Assistant Surgeons in Ophthalmology

John M. Hill, M.D.
D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
George M. Olive, Jr., M.D.

Richard J. Simmons, M.D.
Baruch J. Sachs, M.D.
Ralph H. Hinckley, M.D.
Michael Wiedman, M.D.
John R. Gehring, M.D.
Carl Gates Freese, Jr., M.D.
Robert C. Lawlor, M.D.
J. Wallace McMeel, M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
H. Mackenzie Freeman, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Joseph C. Kim, M.D.
Robert S.L. Kinder, M.D.
Howard M. Leibowitz, M.D.
Irwin T. Mancall, M.D.
Ernst J. Meyer, M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Ronald C. Pruett, M.D.
Robert D. Reinecke, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Richard A.P. Thoft, M.D.*
David S. Walton, M.D.
Donald R. Weis, M.D.
David McQ. Worthen, M.D.

*Leave of Absence

Director of Glaucoma Consultation Service
W. Morton Grant, M.D.

Director of the Retina Service
Charles L. Schepens, M.D.

Director of the Cornea Service
Claes-Henrik Dohlman, M.D.

Director of Ocular Motility Clinic
Robert D. Reinecke, M.D. to 12/31/69
Stephen J. Fricker, M.D. effective 1/1/70

Ophthalmic Pathology
Taylor R. Smith, M.D., *Director*
Toichiro Kuwabara, M.D., *Assistant*

Scleral Contact Lens Service
John M. Carroll, M.D.

Corneal Contact Lens Service
Perry Rosenthal, M.D.

Associate Staff – Opthalmology
Eeva-Liisa Martola, M.D.
Elliot M. Finkelstein, M.D.
Joel A. Kraut, M.D.

Consulting Chiefs of Ophthalmology
Edwin B. Dunphy, M.D.
Paul A. Chandler, M.D.
David G. Cogan, M.D.

Senior Consulting Surgeons
Trygve Gundersen, M.D.
William P. Beetham, M.D.
Virgil G. Casten, M.D.
Brendan D. Leahey, M.D.
Mahlon T. Easton, M.D.
Albert E. Sloane, M.D.
Francis J. West, M.D.
Joseph M. Clough, M.D.

Honorary Staff – Assistant Surgeons in Ophthalmology
Paul G. Haire, M.D.
Linley C. Happ, M.D.
Julian F. Chisholm, Jr., M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.
Paul M. Runge, M.D.

Senior Consulting Ophthalmic Pathologist
Parker Heath, M.D.

DEPARTMENT OF OTOLARYNGOLOGY

Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology
John E. McKeigue, M.D.
Bernard Zonderman, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
William W. Montgomery, M.D.
Robert E. Klotz, M.D.

Associate Surgeons in Otolaryngology
Aram Roopenian, M.D.
Sidney R. Wilker, M.D.
William L. Hayden, M.D.
Robert H. Lofgren, M.D.
Thomas R. Klein, M.D.
Alfred L. Hurst, M.D.
Werner D. Chasin, M.D.
Louis E. Griffey, M.D.
Roy A. Johnson, M.D.

Assistant Surgeons in Otolaryngology
Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.
Yale J. Berry, M.D.
Richard R. Gacek, M.D.
Allan G. Edwards, Jr., M.D.
John M. Kurkjian, M.D.
Mendell Robinson, M.D.
Albert Weiser, M.D.

Assistants in Otolaryngology
Maxwell Abramson, M.D.
Robert W. Clubb, M.D.
Charles W. Cummings, M.D.
Lawrence S. Hirsch, M.D.
C. Edward Jackson, M.D.
Donald G. Keamy, M.D.
Rufus C. Partlow, Jr., M.D.
David L. Pierce, M.D.
Sydney Shore, M.D.
Herbert Silverstein, M.D.
John J. Stavros, M.D.
Morris Swartz, M.D.
Alfred D. Weiss, M.D.

Assistant in Plastic Surgery
Howard M. Ecker, M.D.

Director of Plastic Surgery
Aram Roopenian, M.D.

Director of Otolaryngologic Pathology
Max L. Goodman, M.D.

Director of Otoneurology
Alfred D. Weiss, M.D.

Director of Endoscopy Service
William W. Montgomery, M.D.

Director of Tumor Clinic
Daniel Miller, M.D.

Director of Esophageal Voice Classes
Mrs. Paul A. Doehler

Geographic Full-Time Staff
Harold F. Schuknecht, M.D.
William W. Montgomery, M.D.
Richard R. Gacek, M.D.
Herbert Silverstein, M.D.
Alfred D. Weiss, M.D.

Associate Staff
Eugene H. Courtiss, M.D.
Daniel J. Reagan, M.D.

Honorary Staff
Herman J. Sternstein, M.D., Associate Surgeon
Charles Kent, M.D., Associate Surgeon
Frank W. Brady, M.D., Assistant in Otolaryngology

Consulting Chief of Otolaryngology
LeRoy A. Schall, M.D.

Senior Consulting Surgeons

Frederick L. Bogan, M.D.
Edwards W. Herman, M.D.
Philip Mysel, M.D.
Moses H. Lurie, M.D.
Robert L. Goodale, M.D.
Carl H. Ernlund, M.D.
Charles H. Allman, M.D.
John R. Richardson, M.D.
Maurice G. Evans, M.D.
Francis L. Weille, M.D.
Vincent J. Kelley, M.D.
Edgar M. Holmes, M.D.
Walter J.E. Carroll, M.D.
John R. Frazee, M.D.
Joseph Lentine, M.D.
J. Charles Drooker, M.D.

Senior Consulting Surgeon
For Plastic Operations
Varaztad H. Kazanjian, M.D.

Acting Director of Anesthesiology
Ismail Sensel, M.D.

Assistant Anesthesiologists
John C. Snow, M.D.
Thomas J. Keenan, M.D.
Erhan Erdem, M.D.

Director of Radiology
Alexander S. Macmillan, Jr., M.D.

Senior Consulting Reontgenologist
Alexander S. Macmillan, Jr., M.D.

One Hundred and Fifty-Sixth Report of the Trustees

The Massachusetts General Hospital closed the decade of the Sixties with the completion of the new Gray Building and the Jackson Tower. While there are a few finishing touches here and there still to be done, a great deal of activity is now centered here. During the year dedication ceremonies were held for the Hood Blood Bank, the Richardson Operating Room, the Robert H. Stevenson Critical Care Unit and the Abbott Stevens Diagnostic Center, all housed in the new construction.

There is no end to the needs of this great Hospital, so the Trustees approved in principle the construction of a new building to house the now tremendously over-crowded radiotherapy facilities. The cost (including equipment) is estimated to be not less than nine million dollars. Land is one of the most pressing needs as indicated by the fact that this new building must be placed on ground now partially occupied by the Thayer Building. This structure, though still in daily use, must therefore be demolished. The Trustees have so approved. When completed the Massachusetts General will have taken another step towards the better care of patients in its new "Cancer and Radiation Therapy Center." Perry Dean and Stewart are the architects.

In this constant effort for improvement, the Trustees, in August authorized renovations to the Research Building at an estimated cost of four hundred thousand dollars. This building, opened in 1950 has seen nearly twenty years of hard service. For a satisfactory continuance of this service to new occupants, extensive work must be done, particularly to the plumbing, heating, and airconditioning systems. Since no Federal Funds are available, the Hospital is assuming the full cost. This will be borne by the Edwards Memorial Fund.

Other changes to the physical plant, either undertaken or under study, include alterations to the Vincent–Burnham Building, the Anesthesia Department, and the Dental Clinic. The ever-present parking problem is again being given serious examination.

During the course of the year several chiefs of service and departments retired and new appointments to fill a number of these positions were approved by the Trustees. As mentioned in the

Report of last year, Dr. Paul Russell asked to be relieved of his position as Chief of the Surgical Services in order to devote more time to his teaching and research program. In March of 1969 the Trustees appointed Dr. W. Gerald Austen to this post which had been filled with distinction, even though on a temporary basis, by Dr. Oliver Cope. Dr. Cope himself, who also served as Chief of Staff of the Shriners Burns Institute, Boston Unit, retired. The Hospital is fortunate that he will continue an active affiliation as a member of the Board of Consultation.

From time to time there arises a question as to the effectiveness of *ad hoc* Committees in the selection of Chiefs of Service at the Massachusetts General Hospital. Delays sometimes bring the feeling of total frustration. However, over the years, the system seems to have proved itself the best. Certainly in the choice of a successor to Dr. Henry K. Beecher and Dr. Wyland F. Leadbetter this appears to be the case. Dr. Beecher retires as Chief of Anesthesia at the MGH and Professor of Anesthesia of the Harvard Medical School. Taking his final year on sabbatical leave, he holds the title of Visiting Anesthetist to the Hospital. His successor is Dr. Richard J. Kitz.

Dr. Kitz comes to us from an Associate Professorship of Anesthesiology at Columbia University College of Physicans and Surgeons. A graduate of Marquette University School of Medicine, he received his postgraduate education at the Columbia Presbyterian Medical School. As Chief of Service at the Massachusetts General he will meet many challenges which he is well qualified to accept.

Dr. Leadbetter retires as Chief of Urology at the Massachusetts General Hospital and Clinical Professor of Surgery at the Harvard Medical School. His successor is Dr. George R. Prout, Jr. After graduating from Albany Medical College in 1947, he spent his postgraduate years in the combined Urologic Training Program of New York Hospital and Memorial Center. He comes to us after serving as Chairman of the Division of Urology at the University of Miami School of Medicine and at the Medical College of Virginia. As we welcome this man well versed in administrative as well as scientific aspects of his service, the Hospital congratulates itself on retaining the service of Dr. Leadbetter, who became visiting urologist on September the first.

The Scientific Advisory Committee held two meetings in 1969, one in January, another in December. Dr. Maclyn McCarty and Professor Don K. Price, whose three-year terms were completed in

January, were succeeded by Dr. Lewis Thomas and Dr. Harvey Brooks. Dr. Thomas is Dean of the School of Medicine, New York University. Dr. Brooks is the Dean of Harvard's School of Engineering and Applied Physics. Attending their first meeting in December they added their wisdom to that of the other members of this Committee, a Committee whose advice has proved invaluable to the Trustees in matters pertaining to research at the MGH.

The ongoing concern of the Trustees for the rights of the individual and his relationship to experimentation is adequately protected through periodic review by the Trustees Advisory Committee on Research and the Individual. This group met in May and December of 1969. Wilbur J. Bender, a member of this important Committee since its establishment, died and was succeeded by Professor Charles P. Price, Preacher to Harvard University. The Editor of the New England Journal of Medicine, Dr. Franz J. Ingelfinger, also accepted appointment to the Committee.

It is not possible, in the limited space available, to pay tribute to all those whose service to the Massachusetts General Hospital and mankind came to an end this year. However, we must mention that Dr. Edward L. Young, Chairman of the Social Service Advisory Committee for thirty years, died on February nineteenth. His deep social concern for patients needing chronic care and his pioneering efforts in the development of a prepaid plan to cover surgical and medical fees which led to the establishment of Blue Shield, will long be remembered. The Hospital is glad to welcome Dr. Edward F. Bland as his successor.

On December eighth, Dr. Fuller Albright passed away. A renowned endocrinologist, his courage over many years of suffering was an inspiration to all. His final freedom from an illness that finally incapacited him in 1963 must be considered a blessing, although his going was a great loss to this Hospital.

By way of retirement, we have lost Dr. Chester M. Jones, Chairman of the Volunteer Committee since 1958 and Dr. Charles L. Clay, Assistant Director of the Hospital since 1945.

At the Adjourned Annual Meeting of the Massachusetts General Hospital held in March, two new Trustees were elected, Nelson J. Darling, Jr. and W. Nicholas Thorndike. Henry R. Guild, a Trustee since 1939 and Treasurer for many years joined the distinguished company of Honorary Trustees. He continues to serve on several Trustee Committees and as Vice-President. Lamar G. Crittenden was

elected Treasurer in Mr. Guild's stead. Henry R. Guild, Jr. was elected Secretary to replace George S. Weld whose retirement at the end of 1968 was noted in last year's report.

Last, but far from least, there must be a word about the McLean Hospital, an integral part of this great institution, though located several miles away.

The McLean Hospital has continued to develop in several directions.

An Admission Unit was established, to which most inpatients are admitted. This will provide more effective evaluation of patients and maintenance of contact with families than was possible when the patients were admitted to several different units.

The continuing increase in the number of adolescent patients warranted the establishment of an Adolescent Unit, which has achieved a better integration of the various professional skills required in the treatment of adolescents.

Because patients ready for discharge from the hospital are not always ready to return to their own homes and alternative arrangements have often proved unsatisfactory, the hospital bought a house in Boston with a generous gift from an anonymous donor. It will develop this as a Halfway House, to be staffed by the hospital, which will serve as a transitional facility for former hospital patients.

An application for federal funds for the construction of the Hall-Mercer Hospital has been submitted. Ground breaking for the Hall-Mercer building is expected in the summer of 1970. The construction of this building, including 40 inpatient beds and limited day care, outpatient and educational facilities for children under the age of 13, is the first step in the construction of a comprehensive children's center at McLean.

During the year the first major annual fund raising campaign by mail was conducted, and the results were encouraging. Plans for capital fund raising efforts in the future were laid during the course of the year.

The Trustees are firm in their belief that the Massachusetts General Hospital is as well staffed and equipped as it can be to meet the decade of the seventies. Professionals, lay workers and volunteers alike, show a dedication to the institution and its patients that is unrivalled. We are proud of this and of them and express our gratitude for the devotion shown in trying times.

PHILIP H. THEOPOLD
For the Trustees

Report of the General Director

It is an honor to submit the Annual Report of the Hospital for the year 1969, my eighth as General Director.

Everybody says that there is a crisis in matters pertaining to health in the United States. The typical statement is found in the Introduction to the Report of the National Advisory Commission on Health Manpower:

"The indicators of such a crisis are evident to us as Commission members and private citizens: long delays to see a physician for routine care; lengthy periods spent in the well-named 'waiting room,' and then hurried and sometimes impersonal attention in a limited appointment time; difficulty in obtaining care on nights and weekends, except through hospital emergency rooms; unavailability of beds in one hospital while some beds are empty in another; reduction of hospital services because of a lack of nurses; needless duplication of certain sophisticated services in the same community; uneven distribution of care as indicated by the health statistics of the rural poor, urban ghetto dwellers, migrant workers and other minority groups, which occasionally resemble the health statistics of a developing country; obsolete hospitals in our major cities; costs rising sharply from levels that already prohibit care for some and create major financial burdens for many more."

Although I object to the priority afforded simple convenience aspects (i.e., a long delay to see a patient for routine care or a long wait in the physician's office really cannot qualify as a crisis), the statement is an excellent summary of the situation in American medicine today. Not only do we find ourselves with inadequate numbers of doctors and other health workers, but we are told constantly that our system of medical care is inefficient, whether it be in the use of scarce health workers or of expensive facilities and equipment. Because medical services are of such central importance in our culture and are so expensive, it is logical that we become the focal point for such concerned opinion.

The issues besetting American medicine can be categorized into three broad headings: cost, quality and equality. Inextricably intertwined, the three are in turn related to pressing problems of manpower shortages at all levels in the health field and to inadequate facilities – inadequate in both quantity (such as extended care

facilities, nursing homes and chronic disease hospitals) and in quality (again, extended care facilities, and municipal and state hospitals in particular).

For this Annual Report, I should like to focus on the subject of the costs of medical care. National health expenditures have doubled in the past decade from 28.9 billion dollars in 1961 to 60.3 billion dollars in 1969. By all economic indicators the rise in cost of medical services has outstripped all other services, a particularly rapid rise over the past three years, following the advent of Medicare. We now spend 6.7 per cent of our Gross National Product on medical care. Our per capita expenditures of roughly $200/year for those under 65 years of age and $600/year for those over 65 years of age are amongst the highest of any nation in the world. These facts cause grave concern for several reasons:

1. Although we spend as much or more money than any other developed country on health, the quality of care produced remains uneven. Our health statistics are frankly embarrassing in certain areas. The health of some 45 million poor people (poor by the Social Security Administration definition – a family of 4 with an annual income of $4,385 or less) is abysmally bad and for some population groups, almost totally neglected. We rank between tenth and twentieth of the world countries in infant mortality and in male and female life expectancy. It is evident that health statistics of the 45 million poor people result in our bad showing, but such information neither lifts our spirits nor relieves us of the necessity to do something about it.

2. With costs rising rapidly at a rate of 12 percent annually, medical indigency has increased, for wages have been rising at only 3 to 4 percent annually, and retirement income has withered under inflationary forces. Medicare, for example, covers 46 percent of the total medical costs of the aged; Veterans Assistance and Public Assistance (Medicaid) cover 13 percent; thus 41 percent remains the private responsibility of elderly individuals, nearly half of whom live in or border on poverty. This is particularly true of the nearly 3 million widows in this country over 65.

3. With increasing tax monies and employer-employee funds being used to pay for medical services, a collective and very powerful responsibility is vested in third party payers and government to serve the public more effectively, in contrast to the private interests of the producers of health care. Public scrutiny of medical care is increasing

as are the demands for improved quality, accessibility, comprehensiveness and cost controls.

The three largest demands on the national health expenditures are annually made by hospitals, doctors and drugs. Hospital care consumes 22.5 billion of the 60 billion dollars, representing a roughly 17 per cent increase for 1969 over 1968. Physicians' services consume 12 billion dollars, a 9 per cent increase over 1968. Drugs consume 6.3 billion dollars of the total, a fractional percentage rise over the previous year.

One is staggered by the fact that the increase in personal health expenditures for the 19-year period 1950 to 1969 has been due largely to inflation. For example, 50 percent of the rise in health expenditures is due to price increase alone while 19 percent is due to the increase in population. Only 31 percent of the increase in personal health expenditures has been used to improve quality and provide new services. When one looks at this dis-spiriting factor, one can understand why inflation in general – and particularly the inflation in medical care prices – is of tremendous importance to all Americans.

It is easy to see why the absolute costs and their rises have aroused the most interest and consternation – 22.5 billion dollars of a total of 60 billion dollars is spent on hospital services, and these costs have risen 17 percent in one year.

The reasons for the increase are easily identified:

1. Increased wages and fringe benefits consuming between 62 and 70 per cent of the operating budget;

2. An absolute increase in the number of employees per bed required by the doctor and patient to carry out their work; and

3. Increased costs of construction, equipment and supplies, due both to inflation and to the development of new facilities and technology required for the best medical care.

There are numerous examples of each of the three causes, and perhaps one from each area will suffice. When I interned at the MGH in 1951, my salary was $300 a year. If I interned at the MGH in 1969, I would have received $8,000 a year. A graduate nurse in 1959 started at $75 a week; ten years later she starts at $150 a week. Our minimum wage in 1959 was $1.05 an hour; in 1969 it is $2.10 an hour. In 1959 we had essentially no fringe benefits of health insurance, life insurance and pensions. In 1969 we will spend over $200,000 for Blue Cross for our employees. In 1959 we had 2.3

employees per bed, in 1969 roughly 3.1 per bed. Increasing numbers of technicians, nurses, and new positions such as computer programmers, computer operators, surgical technicians, monitor equipment technicians, and inhalation therapists – to name only a few – have been added to provide the best of increasingly technical and scientific care for our patients. Regarding increased costs of construction, supplies, and equipment, everyone knows that over the past several years construction costs have risen a little over 1 per cent per month. The cost of raw food over the decade has doubled as has that of the utilities used by the hospital. We spent 1 million dollars for drugs for patients in 1959, and in 1969 we have spent 2.5 million dollars.

Our budget for 1969-1970 contains another $10.00 increase in room rates and anticipates an additional 7 million dollars in patient income. We anticipate that our costs will increase roughly 12 percent over the previous year. This will equal or be slightly less than the 12 to 15 percent increase in costs we have experienced each year since 1966. Notably causes of this year's increase include:

– Moving rate changes up by 5 per cent so that our minimum hiring rate changed from $2.00 to $2.10 per hour; for each $.05 per hour salary increase to our employees, our costs increase by nearly one half million dollars;

– Desperately needed intensive care and recovery room beds in a new 24-bed unit will cost us $900,000 for new personnel (74 nurses, and 29 technicians – bear in mind that we have 3 separate shifts to cover plus a 4th shift allowing employees time off each week, providing secretaries, inhalation therapists, nursing assistants and so on) and $400,000 for equipment and supplies for a total of $1.3 million dollars;

– Increasing costs of drugs adds $343,000 to our budget for the coming year.

The burning question is how to contain or reduce hospital costs and still render high quality services to a public whose appetite is insatiable for the finest service and whose expectations and demands have never been higher. All of us at the MGH whether we are trustees, administrators or staff physicians and employees are concerned with answering the question responsibly and leading the way to resolution of the issues.

The answers can be categorized under two main headings – internal and external solutions.

The internal factors in containing, controlling or reducing costs involve management of the hospital. A partial listing of the most important ways and means of controlling costs which the MGH is carrying out follows:

1. *Full Utilization.* This is the single most important factor in containing costs. It costs roughly $40,000 per year to maintain a patient in a bed. If we budget for 92 percent occupancy and fall below this figure each empty bed costs the public over $100 per day or nearly $40,000 per year. If we are 20 percent underutilized, per diem costs increase by roughly 18 percent, for we need the same personnel and equipment on a standby basis for the unforeseen or unanticipated need. Hospitals should not expand until all regional facilities are being fully utilized and the entire region needs such expansion. These conditions do not exist in many areas of this country; the national utilization figures are around 80 percent as contrasted with our hospital's figure which approaches 95 percent.

2. *Utilization Review.* This is absolutely essential to proper use of the hospital to prevent unnecessary admissions, unduly prolonged stays, overuse of tests and to assure high quality of care. The MGH has a committee devoted to such work. Their successes on behalf of the hospital staff and the public at large have been outstanding.

3. *Cost Accounting.* One cannot control costs without identifying and quantifying them through detailed and effective cost accounting. We use the step-down cost analysis technique as recommended by the American Hospital Association and the Social Security Administration.

4. *Management Techniques* to reduce turnover rates, reduce overtime work, improve working conditions, utilize methods committees which use industrial engineers and systems analysts; the use of automation and computers; and many other examples such as employee incentive programs, the use of disposable products and so on.

5. We have on several occasions in the past several years suggested a way of saving what could be millions of dollars in hospital costs; and the Federal Government and various national organizations are now working on the possibility. Simply stated, if we could establish an all-inclusive per day charge to the patient and his third party payer instead of the present a la carte piece-work charging system which requires that we itemize every single part of the patient's stay for a fully itemized bill, we could at the MGH absorb 90 people such

as key punchers, clerks and accountants, into other jobs in the hospital as vacancies occur. This could save over $500,000 at the MGH or as much as a half billion dollars a year if extended to all hospitals. Even more money could be saved because Blue Cross, commercial insurance companies and government would also save on personnel costs. Bear in mind this would in no way relieve us of our obligation to practice accurate cost accounting.

Bearing in mind that internal methods for improving efficiency and containing costs are crucial, far greater savings can be accomplished by certain moves external to the hospital:

1. *Regional Planning.* This avoids development of unnecessary services and reduplication of costly facilities and encourages full utilization of regional facilities. Many of us at the MGH are involved in regional planning whether it be at the level of the State Department of Public Health or with the voluntary regional planning group recently established in Boston.

2. *Health Insurance.* To date, third party insurance companies, Blue Cross and government have primarily represented the hospitals' or the doctors' or the drug companies' interests and have not always put the consumers' interest first. Certain fundamental changes are needed in health insurance plans to (a) stimulate the use of low cost ambulatory facilities; (b) provide for standards and quality and utilization control; and (c) build in incentives to good management. Some Blue Cross plans and the Medicare law have at least made a step in the right direction as regards these various elements.

3. *Neighborhood Health Centers.* It has been shown unequivocally that the development of health services easily accessible in local communities can (a) decrease the expensive, fragmentary nature of the American Health system – thus preventive, diagnostic, therapeutic and rehabilitative services are located together and easily accessible to the neighborhood; (b) reduce hospital admissions by as much as 80 percent; (c) establish disease prevention and detection programs which again saves money; and (d) stimulate research into the health system and ways of enhancing the use of manpower. This is a most important development in the MGH planning, and we have established such a program in Charlestown.

4. *The development* of better Extended Care, Nursing Home, Chronic Disease and Rehabilitation Facilities to reduce the use of high-cost, acute hospital facilities where possible by the early transfer of patients to lower cost facilities more appropriate to their needs.

This is only a partial listing of a variety of ways internal and external to the institution which can help to contain, reduce or at least moderate the rise of hospital costs. Many of us locally as well as nationally are working to do just these things. Certainly the MGH is involved heavily in all the areas mentioned.

In our rush to focus on the cost of everything, we must not neglect recognition of the true value of such services. Our ability to diagnose, treat and prevent disease in this present era has afforded new hope to all levels of society. Rushing to improve service both in quality and quantity, we must not forget that costs in many instances simply must increase; all Americans must realize that without one's health individually or collectively a nation and its people are weakened.

Finally, I wish to share with you some larger concerns that relate directly to health.

An individual's health is the product of his total environment including the atmosphere in which he lives, the family in which he grows, the education which he receives, the religion he adopts, the work he does, the genes he inherits, the recreation and leisure he enjoys, the housing in which he lives, the transportation he uses to enhance his mobility and opportunity, the doctors and health institutions and other members of the caring professions he consults, the civil rights and legal services to which he is entitled, and the position or "status" he receives in his culture from others.

There are today some 45 million of a total population of 200 million Americans who qualify as poor, i.e. an income of less than $4,345 per year for a family of 4. Twenty-five million of these impoverished citizens live in the cities of the United States. The quality of their lives is marginal at best, and their health precarious. Lack of adequate nutrition, schooling, jobs, housing, civil rights and transportation limits their ability to achieve health in the fullest sense of the word. Environmental pollution – whether it be noise, foul air, or violence on television – compounds the problem. Lack of health education, along with financial and geographic barriers limiting access to doctors and health institutions, results in abysmal health statistics. In a 1968 Boston OEO survey of 1,191 youths aged 16 to 21, 364 or 31 percent had one or more medical conditions requiring more definite diagnostic and/or treatment services. Included for example were 20 individuals with high blood pressure, 10 with diabetes, 29 with venereal disease (syphilis, gonorrhea), and 50

with psychiatric or psychological problems. Ninety per cent needed some form of dental care.

The health problem in the city of Boston for the 1970's is that of all the cities of the United States. First, to make services available and accessible to those most in need – services which will stress health education prevention and rehabilitation, and early diagnosis and treatment. As important in the long run to the health of city dwellers (that 70 percent of the population living on 1 percent of the land) is the rejuvenation and rehabilitation of the city itself so that a healthy environment with clean air, fruitful jobs, more adequate transportation, education, housing, food and civil rights – food for the soul as much as for the stomach – will be available to all. Medicine must play an expanded role in both the purely medical issues as well as the larger social, economic and political issues if it is to fulfill its ancient and honorable calling to improve and maintain the health of the people.

This may indeed be a tall order, but we in medicine and particularly those of us in medicine at the MGH, welcome tall orders and are used to filling them.

The 1960's has seen the MGH grow as we have improved our capacity to meet the needs of our community. The 1970's will see us consolidate our gains while we pay more attention to the social and economic issues surrounding the utilization of our hard-won knowledge. The MGH I am sure will continue to lead the way with the help of the 6,000 members of its family.

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

The activities of the General Executive Committee during the past year have continued to reflect the marked changes in health care, the social issues, and the financial problems facing the modern teaching hospital. The General Executive Committee has tried to face these issues and make appropriate recommendations to the Trustees for implementation. It is clearly the wish of the General Executive Committee and the Trustees to maintain our traditional strengths in patient care, teaching and research, improving each wherever possible without compromising the excellent balance that has been achieved through the years.

During the past year three new Chiefs of Service have taken their places on the General Executive Committee. Dr. W. Gerald Austen became Chief of the General Surgical Services. Dr. Richard Kitz has joined us as Chief of the Anesthesia Service, and Dr. George Prout has come as Chief of the Urological Service. Miss Eleanor Clark, Director of Social Services, and Dr. Frank Ingersoll, Chairman of the Utilization Review Committee, have also become members of the General Executive Committee and have been very important additions.

Ad hoc committees to choose two additional Service Chiefs are presently meeting and a half dozen other *ad hoc* committees to examine candidates for tenure positions have been convened. Recommendations regarding these appointments and the make-up of these *ad hoc* committees continue to be an important responsibility of the General Executive Committee to the Trustees.

The Trustees have indicated their wish for additional representation by the Staff on the Trustees Hospital Committee. Previously, two members of the Executive Committee have served on the Trustees Hospital Committee. This has now been expanded to three individuals, the Chairman and Vice-Chairman of the General Executive Committee, and one elected representative. The members of the GEC welcome this increased opportunity to communicate with the Trustees and participate in the decision-making process of the hospital.

The General Executive Committee continued its discussion regarding the new organization of the faculty structure of the Harvard Medical School. The Trustees have established a Joint Trustee –

Staff Committee to review all appointments from the hospital to the new Clinical Full Time category. In addition, senior clinicians have been added to the Senior and Non-Clinical Appointments Committee to help this group review senior clinical appointments as well as non-clinical appointments.

The patient load in our Emergency Ward continues to increase. Last year a new position for a Chief of the Emergency Ward and Overnight Ward was created to give appropriate staff supervision of all of the activities in this facility. It was agreed that this position would have the same status as a Service Chief. A subcommittee of the General Executive Committee reviewed this subject in great detail and then unanimously recommended Dr. Earle Wilkins as the first Chief of the Emergency Ward and Overnight Ward. The Trustees recently appointed Dr. Wilkins to this post. In the near future, the Emergency Ward and Overnight Ward facilities will be expanded and modernized. In addition, appropriate cases that do not require Emergency Ward care will be identified and referred to a new Ambulatory Care Facility adjacent to the MGH Clinics.

The pressing problem of improving ambulatory care at the MGH was given a great deal of attention. A subcommittee chaired by Dr. Thomas Fitzpatrick is presently studying the problems and has been given the mandate to recommend the best possible plan. This Committee is debating the advantages and disadvantages of our present system, the advantages and disadvantages of a standardized program of care which will not differentiate between the ward and private patients, the need for additional clinic facilities and the organizational changes that will be required to accomplish our stated goals.

The important problem of patient bed utilization received considerable attention. During most of the year there were long waiting lists for patients who had elective problems. Our present system of a limited number of definite admissions and the placement of other patients in specific categories related to the urgency of their medical need was re-evaluated, and it was agreed to continue this general arrangement. Regionalization of beds for specific types of patients has been expanded; there has been general agreement that this regionalization has improved patient care as well as teaching in both nursing and medicine. There has been considerable discussion regarding separate waiting lists in the Baker for the various services. Trial programs for selected services have been proposed.

The Utilization Review Committee under the chairmanship of Dr. Frank Ingersoll continues to make important contributions in improved utilization of our beds. It is particularly noteworthy that during the past year when over-utilization was usually a problem, there was reduced utilization of the hospital for a short period at the end of the summer. This was clearly related to the absence of a large number of our staff during this period of time. This matter has been brought to the attention of all of the Services of the hospital, and we are hopeful that the vacations of our Staff can be so arranged that there will be a more even distribution of the patient load throughout the year.

We have been generally concerned with the quality and quantity of extended care facilities in the area for the best care of our patients. The GEC discussed in detail the new privately owned extended care facility at Nashua Street. With the enormous pressures for beds at the MGH, it is clear that such an adjacent facility would have considerable merit. The problems of selection of patients, physician coverage, and additional pressures on present MGH laboratories were emphasized. It was agreed that the General Executive Committee would be kept informed regarding future developments of this facility.

The Teaching and Education Committee under the chairmanship of Dr. Daniel Federman continues to be very active in analyzing our problems in teaching and education and seeking solutions. The Committee has expended particular effort in improving teaching on the private services. The education of students and house officers continues to be studied and reviewed. In addition, training programs for a new category of ancillary health workers is under investigation.

There has been further consideration of Intensive Care Facilities in the light of the increasing severity of illness of the patients who are cared for at the Massachusetts General Hospital. A new Pediatric Intensive Care Unit on Burnham 6 has been planned. There has been extensive discussion regarding proposed uses for the unfinished space in the Gray Building including such important endeavors as the relocation of the Medical Wards, additional offices and teaching areas for the Medical Service, additional offices and teaching areas for the Surgical Service and the Orthopedic Service, new recovery room space for pediatric surgical patients, additional requirements for the Urological Service and Neurological and Neurosurgical Services, and relocation of house officer living quarters.

Considerable discussion has centered around appropriate methods to define the limits of nursing responsibilities regarding such matters as the administration of specialized drugs, the handling of inter-arterial catheters, and other potentially hazardous duties. The problems of human study in pediatric patients came under careful review, and mechanisms for protecting these patients were defined. The rising cost of hospitalization was discussed and the importance of prudent use of our resources stressed.

The problems of Medicare and other third party payment on our teaching services were carefully reviewed, and it seems clear that our original careful approach to this problem was justified. We have taken scrupulous care that insurance carriers have only been billed for appropriate services rendered. The Staff Physician is the best determinant of what services he has rendered and he, therefore, should and does determine what charges are submitted for his services.

The number of house officers appropriate for each service has been carefully analyzed recognizing the importance of patient care and house officer education as well as costs. The General Executive Committee has also recognized the superb job that our house officers perform and has therefore enthusiastically supported the salary increases for the house officers voted by the Trustees in July, and again in January.

The above represents the highlights of the many problems that have faced the General Executive Committee during the past year. The expanded membership of the Committtee has resulted in appropriate representation by essentially all segments of the hospital, and improvement in communcations and a more balanced approach to the decisions at hand.

W. GERALD AUSTEN, M.D.,*Chairman*
IRVING P. ACKERMAN, M.D., *Vice-Chairman*
RAYMOND D. ADAMS, M.D.
BENJAMIN CASTLEMAN, M.D.
MISS ELEANOR CLARK
FRANCIS L.A. deMARNEFFE, M.D.
LEON EISENBERG, M.D.
THOMAS B. FITZPATRICK, M.D.
MELVIN J. GLIMCHER, M.D.
WALTER C. GURALNICK, M.D.
FRANCIS M. INGERSOLL, M.D.

RICHARD J. KITZ, M.D.
JOHN H. KNOWLES, M.D.
ALEXANDER LEAF, M.D.
MISS MARY E. MACDONALD, R.N.
ELLSWORTH T. NEUMANN, M.D.
GEORGE R. PROUT, JR., M.D.
LAURENCE L. ROBBINS, M.D.
ALFRED H. STANTON, M.D.
WILLIAM H. SWEET, M.D.
NATHAN B. TALBOT, M.D.
HOWARD ULFELDER, M.D.
EARLE W. WILKINS, JR., M.D.

Report of the Committee on Research

During the past year, the Committee on Research has continued to deal with many matters of interest to the research community at the Massachusetts General Hospital – research safety, communication among members of the community, guiding principles for human studies, review of grant applications and the like. This year, however, unlike any in the recent past, the matter of most concern has been the rapidly changing pattern of the funding of research in the biomedical field. This has been, of course, a part of a national phenomenon but also clearly an area that affects the broad and extensive research effort at the Massachusetts General Hospital.

In September the former *ad hoc Subcommittee on Research Policy* was reviewed and made a permanent Subcommittee of the Committee on Research. Since that time its activity has been directed towards examining ways by which the Massachusetts General Hospital research community could influence national policy and reverse the trend of decreasing financial support for health related and basic research.

The Subcommittee has met frequently to discuss the related problems and various approaches that might benefit the biomedical research community at large. The Committee on Research and its Executive Committee have had the privilege of participating in dialogues on this theme with several members of the staff at the Public Health Service: Dr. Richard Stephenson, National Institutes of Health, Dr. Jack H. Mendelson, National Center for Prevention and Control of Alcoholism in the National Institute of Mental Health, formerly in the Psychiatric Service at this Hospital, and Dr. Murray Goldstein, Associate Director for Extramural Programs, National Institute of Neurological Diseases and Stroke. In addition, Dr. Leonard Laster, Assistant to the Director of the Office of Science and Technology, the Executive Offices, the White House, formerly on the Medical House Staff at the Massachusetts General Hospital, and Mr. Carl Cobb, Nieman Fellow at Harvard University and a science newswriter for the Boston Globe, also contributed many ideas to the Executive Committee on Research and assisted in the delineation of the problem facing the biomedical research community. As a result of discussions and reports of the Subcommittee the Committee on Research has adopted the following recommenda-

tions:

1. The Committee shall make every effort to convey to the public at large (via the press and other mass media) that biomedical science and research are integral parts of medicine and critically involved in the improvement of patient care.

2. Members of Congress will be invited to visit the Hospital and to meet with the Committee on Research or its Executive Committee to observe the key role which research plays in major teaching hospitals, such as the Massachusetts General Hospital, and to present an opportunity for mutual exchange of ideas in this important area.

3. The Committee on Research will be in contact with the key Congressional committees dealing with appropriations for the support of biomedical research and be prepared to offer testimony at future hearings of these committees.

As has been the case in recent years, many of the other activities of the Committee on Research have reflected reports and concerns of its Subcommittees. There are presently ten Subcommittees in which 55 members of the professional staff in the research community are involved as well as seven liaison members from other areas of the Hospital. These Subcommittees function in various ways. Some serve to regulate an important service to the research community such as the *Subcommittee on Animal Farms;* others serve largely in an advisory capacity to the Committee on Research, such as the *Subcommittee on Review of Grant Applications.* The latter, in its major role – the provision of "quality control" by review of research grant applications for scientific merit – serves a most important function. In addition, in these times of financial stringency it has had the difficult task to make recommendations that will lead to the most equitable and proper use of funds made available to the Hospital by its General Research Support Grant from the National Institutes of Health. Experience in this area during the past year has led to the establishment for 1970 of a program of review and recommendation of priorities of applications to these funds that in many ways is similar to those in effect at the National Institutes of Health for the review and recommendations for funding of applications for research support.

The Subcommittee on Research Colloquia has continued to provide an outstanding series of evening lectures with opportunities for discussion as well as social interaction among the members of the

research community and the distinguished speakers. These meetings have continued to be supported by grants from the Burroughs Wellcome Foundation. On March 6, 1969, Professor Carroll Williams, Chairman of the Department of Biology at Harvard University, spoke on "Hormones, Genes and Metamorphosis." On April 30, 1969, Dr. Philip Handler, now President of the National Academy of Sciences, spoke on "Science and the Federal Government," a theme that was continued in a slightly different context when Dr. Philip H. Abelson, Editor of *Science* – A.A.A.S. and Director of the Geophysical Laboratory of the Carnegie Institution of Washington spoke on "The Research Climate of the 70's" at the Colloquium held on December 12, 1969, in association with the meeting of the Scientific Advisory Committee. Professor Matthew S. Meselson of the Department of Biology at Harvard University delivered a most provocative address on "Chemical and Biological Warfare" at a Colloquium held on October 22, 1969.

The Research Computing Group of the Harvard Computing Center, located at the Massachusetts General Hospital, has moved to new quarters in the basement of the Research Building which has facilitated its interaction with the research community. The *Subcommittee on Computer Service to Research* which is responsible for the activities of the Group, reported that some 60 research laboratories at the Massachusetts General Hospital have been working on long-term projects with the Research Computing Group and a number of others have been involved in short-term projects. The development of a satisfactory and inexpensive interface for online processing of analog data acquired in many types of biomedical instrumentation, such as amino acid analyzers and liquid scintillation counters, will be of great assistance to the research community.

One of the responsibilities of the *Subcommittee on Bioengineering and Developmental Research* has been the organization and supervision of the Medical Engineering Group, a service organization for the patient care areas as well as the research community of the Hospital. The Group was divided into five principal subdivisions: 1) Office Staff, 2) Model Shop, 3) Instrument Shop, 4) Electronic Shop, and 5) an Engineering Subgroup. During the eleven months that this arrangement has been in effect, the service to the various divisions of the Hospital has been expanding and at the same time becoming more efficient. As a result, this Group has become economically self-sufficient. It has been agreed, meanwhile, that the

Group will not engage in independent research but will investigate only those areas that might provide solutions to problems brought to its attention by clinical or research units in the Hospital. The future of the Group will be influenced by the probability that the interface between biology and engineering will broaden rapidly in coming years with an increasing and essential contribution of engineering to medicine. Future consolidation of these units in one geographic area and increased space would do much to increase its potential and usefulness to the Hospital research community.

The *Subcommittee on Human Studies* has continued to review all grant applications involving human studies. It was recognized earlier that the guidelines section of the Hospital's brochure "Human Studies – Guiding Principles and Procedures" was not sufficiently detailed in regard to investigations involving children and other incompetent individuals and this aspect of the guidelines has been amplified and amended. One important change has been the establishment of a mechanism to assure the appointment of physician-advocates who would be involved in the protection of the rights and welfare of such subjects. As a result of the publication of a pamphlet "Protection of the Individual as a Research Subject" by the Public Health Service, the Committee on Research has had to amend some minor procedures in the handling of these aspects of grant applications to the National Institutes of Health but was pleased to discover that the basic work of the Subcommittee was set up on entirely acceptable grounds.

The *Subcommittee on Research Safety* was created in April, 1969. The two problems first faced by the Subcommittee were the storage of flammable solvents and the establishment of a system suitable for education and information of research personnel in the area of laboratory safety. A model storage cabinet has been designed and is being tested. Safety officers have been appointed for all laboratory areas and regular meetings of these officers for educational and informational purposes will begin shortly. Perhaps most important has been the decision of the Hospital Administration to appoint a full-time Safety Engineer, as a result in part of recommendations of the Subcommittee. Safety Committees have been established, also, at Harvard Medical School – one for the Medical School and one for the affiliated hospitals. Both of these have representation for liaison purposes from the Subcommittee at the Massachusetts General Hospital. These Committees are presently involved in the problems

relating to the removal of chemical wastes, problems of concern to our Subcommittee as well. It is expected that the second of the Harvard Medical School committees will have as one of its main tasks the development of safety rules applicable to hospitals, a task of immediate importance in the research areas as well as the patient care and service areas of the Hospital.

Because of a change in meeting dates there were two meetings of the Scientific Advisory Committee in 1969. At the first of these in January, there was extensive discussion of the role of the Physics Research Laboratory in the Hospital and of the ongoing biological and sociological research in the Children's Service at the Hospital. The meeting in December resulted in one of the most effective dialogues between the Scientific Advisory Committee and the Committee on Research in recent years. An important topic, the role of basic scientists at the Massachusetts General Hospital was explored in depth. Members of the Scientific Advisory Committee expressed much interest in the problems and made some important tentative suggestions as to solutions. Their formal report to the Board of Trustees is awaited with great interest.

In concluding this third and final report, as Chairman of the Committee on Research, I can only state that the opportunity to serve the Hospital in this important capacity has been a most rewarding and educational experience. I extend my very great personal thanks to the members of the Board of Trustees, and the many scientists, investigators, and the staff personnel at the Massachusetts General Hospital who serve so well on the Committee on Research and its Subcommittees. Without their dedicated efforts the Committee would not have the ability to appraise and solve the many problems it faces. I hope that my successor, Dr. Seymour S. Kety, will find the Chairmanship of the Committee on Research as rewarding and enjoyable as I did.

KURT J. ISSELBACHER, M.D.
Chairman
Committee on Research

Report of Surgical Services

The year 1969 was a time of considerable change and re-evaluation in the Surgical Service.

Our teaching program at the medical student level and at the postgraduate level underwent critical review and resultant change. A committee under the chairmanship of Dr. Leslie Ottinger and including Dr. Earl Wilkins, Dr. John Remensnyder, Dr. Eldred Mundth and Dr. Ashby Moncure labored long and hard in this study. Their recommendations which have been adopted include: elimination of some less than ideal rotations for the house staff, expansion and addition of some new valuable rotations, additional contact between the Visiting Staff and the Resident Staff on the Wards and in the Operating Room, special teaching sessions for the junior house officers, additional teaching rounds for the students, and expanded programs in special areas of surgery, specifically plastic surgery and cardiac surgery.

To elaborate on this latter point, a Plastic Service and a Cardiac Service will be created. Each service will have a chief resident who will be chosen at the end of his general surgical residence at the Massachusetts General Hospital. In the case of plastic surgery, the chief resident in plastic surgery will spend 18 months at the Massachusetts General Hospital and will then have a six months' elective period. On completion of this two-year program, he will be eligible for his boards in plastic surgery. Similarly, the cardiac chief resident will spend one year as chief resident at the Massachusetts General Hospital. If he wishes, he then may elect a final six months' chief residence in cardiac surgery at the Boston Children's Hospital with the approval of the Children's Hospital group. On completion of this program, the cardiac chief resident will be eligible for his thoracic surgical boards. Both services, will, of course, continue to be part of general surgery and will have the usual rotations of residents through the service. Dr. Bradford Cannon will be responsible for the plastic surgical program. We are very hopeful that this type of an approach to a complex and specialized problem will allow not only excellent training for the chief resident who wishes to make this area his life's work but also excellent training for the residents rotating through the service. We believe that patient care will improve as well.

The surgical house staff now numbers 57. Of the 14 interns

appointed on July 1, six were from Harvard, two from the University of Michigan and one each from Northwestern University, Stanford University, Kansas University, Johns Hopkins University, Yale University and the University of California at Los Angeles. We have inaugurated periodic meetings with the interns as well as with the resident staff. These discussions have been extremely valuable and enlightening for everyone concerned and have helped the visiting staff to do a better job of teaching and supervising the house staff.

There has been no major change in the patient care patterns of White 6 and 7. The average census continues high and, as a matter of fact, the number of operations performed by the house staff on White 6 and 7 has gone up slightly during the past year. I have been particularly pleased to see the great effort that the Visiting Staff has made to improve teaching and patient care on White 6 and 7. The resident staff has welcomed this increased interest and it has clearly been rewarding to everyone concerned.

The private surgical census has remained high through the year. The regionalization of cardiac surgical and other surgical patients on Warren-Baker 12 and general surgical patients on Warren-Baker 10 has significantly improved teaching and patient care on the private service. We are hopeful that additional regionalization of the other general surgical patients in the Baker will further improve teaching and patient care. We are attempting to assign residents to specific teams in the private service at a time in the resident's career that will be most beneficial to his learning process.

With the impending move of the operating rooms into the Gray Building, numerous problems requiring solutions have appeared. Some changes in design have been necessary in the operating rooms as well as in the ancillary facilities on Gray 3A. These are approaching completion and we are hopeful that we will begin moving into the Gray Operating Rooms in the spring of 1970. As the Gray Operating Rooms are fully activated, the present Phillips House and Baker Operating Rooms will be closed down. To better care for the postoperative surgical patients, the Surgical Intensive Care Unit on Gray 3A under the direction of Dr. Eldred Mundth was opened in the fall of 1969. This 12-bed unit has been a great success and will shortly be at full capacity. Even with this new Intensive Care Unit, with the elimination of the Phillips House and Baker Recover Rooms, additional recovery room space will undoubtedly be necessary. This need has indeed been recognized and appropriate plans

have been formalized for additional recovery room space.

It is really not possible to report in any meaningful way on the varied research activities of a large department such as the Surgical Service in the limited space of an annual report. A complete documentation of the research activities of the Surgical Service is published in the report of research activities compiled by the Committee on Research. In brief, investigative efforts include the broad areas of cardiovascular disease, transplantation immunology, gastrointestinal problems, cancer, wound healing, thoracic disease, plastic surgery, cellular regeneration, cryobiology and organ preservation, and pediatric surgery.

During this year we have inaugurated staff meetings every other month. These meetings have been a forum to discuss problems that face the Surgical Service and to arrive at solutions when possible. I believe these meetings have been very helpful and have certainly been important in keeping proper communication between all members of the department.

The continued strength of any service is dependent upon its personnel and, therefore, the new members of the department represent our most valuable asset. During the past year, Dr. Ashby Moncure, Dr. Robert Corry, Dr. Michael Margolies and Dr. Josef Fischer joined the Surgical Service as Assistants in Surgery. Dr. Moncure has interests in general and thoracic surgery. Dr. Corry is particularly interested in liver disease and transplantation. Dr. Margolies is working in the field of immunology and Dr. Fischer is interested in gastrointestinal disease.

Nineteen-sixty-nine also saw the official opening of the Shriners Burns Institute. Dr. Oliver Cope was the first Chief of Staff until his retirement in July. Dr. Cope was appointed to the Board of Consultation of the Massachusetts General Hospital. Dr. John Burke was appointed Chief of Staff of the Shriners Burns Institute as of July 1, 1969. The patient load has rapidly increased in the Burns Institute and is now approaching capacity. The research laboratories are fully occupied and this unique endeavor has certainly gotten off to an excellent start.

On September 1, Dr. Richard Kitz joined the Massachusetts General Hospital as Chief of the Anesthesia Service, and Dr. George Prout became Chief of the Urological Service. These two appointments are of enormous importance to all of us and we in surgery have been very pleased and impressed with what Dr. Kitz and

Dr. Prout have done since their arrival.

Finally, I would like to thank everyone for their cooperation during the past year. I became Chief of the Surgical Services on April 1st. This has certainly been a most interesting and exciting year for me. I could not be more pleased with the cooperation and help that I have received from the Surgical Staff, the Surgical House Staff, the other services at the M.G.H. and from the Administration.

W. GERALD AUSTEN
Chief of Surgical Services

Report of the Department of Pathology

One of the functions of the Massachusetts General Hospital has been to supply medical schools with new chairmen of departments and professors. The Department of Pathology over the past twenty years has certainly contributed its share, 10 of its alumni having been appointed chairmen. This year Dr. Martin H. Flax, associate pathologist, leaves us to become professor of pathology and chairman of the Department of Pathology at Tufts University. He joined us as a trainee in 1959 and soon established a scholarly Immunopathology Unit that collaborated with the Transplantation and Renal Units of the surgical and medical services. Two members of the junior staff and graduates of our residency program, Dr. Hugh Wolfe and Dr. James Gibson, will join Dr. Flax at Tufts.

Dr. Wallach A. Clark, in charge of our Dermatopathology Unit for the past seven years, was appointed professor of pathology at Temple University, where he will devote most of his efforts to the study of melanoma. He began these studies in our laboratory and was responsible for establishing the Pigmented Lesion Clinic. Dr. Irwin Kline, assistant pathologist, resigned to accept the Directorship of the Laboratories at the Lankenau Hospital in Philadelphia and will also be a professor of pathology at Jefferson Medical School. The laboratory is proud to have had a role in the training and developing of these pathologists and is obviously pleased that they have accepted these prestigious positions.

We were all very happy to welcome back to the department Dr. John B. Blennerhassett after a three-year sojourn as assistant professor of pathology at McGill University. His interests in renal transplantation, pulmonary disease and surgical pathology in general will strengthen these services. Dr. Joel Umlas, after two years in the military service, returned to the laboratory to help in carrying on the Dermatopathology Unit that Dr. Clark had developed. With the support of Dr. Thomas B. Fitzpatrick, chief of the Dermatology Service, Dr. Martin C. Mihm, a graduate of the Dermatology Service and recently in charge of research and teaching of dermatology at the U.S.P.H.S. Hospital in Staten Island, returned to the hospital to obtain training in general pathology. Dr. Umlas and Dr. Mihm alternate in teaching the dermatology and pathology residents.

Dr. Harold F. Dvorak has succeeded Dr. Flax as head of the

Immunopathology Unit. He has continued his research on immunologic tolerance and delayed hypersensitivity, and, with Dr. Sidney Leskowitz of the Department of Medicine, described a new type of hypersensitivity reaction termed "cutaneous basophil hypersensitivity." Dr. Dvorak was assisted in this work by Mr. Robert C. Bast, Jr., a postsophomore fellow for two years in the Department of Pathology, who will shortly resume his studies at the Harvard Medical School. In an attempt to define the molecular requirements for tolerance induction, Dr. Dvorak and his co-workers found that polymers of certain purified proteins were as toleragenic as native monomers, and that difficulties in inducing tolerance to proteins containing polymers, reported by others, could be attributed to endotoxin that was found to contaminate commercial protein preparations. Studies with radioactive and enzymatic tracers have led to a better understanding of the localization and fate of antigen in delayed hypersensitivity and Arthus reactions. Dr. Dvorak and Dr. Leskowitz have also described a new type of immunologic skin reaction in guinea pigs, which is characterized by the massive influx of basophilic leukocytes. This reaction is one of the few lesions thus far described in which basophils are the predominant cell type, and current effort is directed at an understanding of the function of this cell in cutaneous basophil hypersensitivity and in the normal animal.

Dr. Scully completed his studies of two rare types of gonadal tumor, the gonadoblastoma and the sex-cord tumor with annular tubules. The gonadoblastoma, which was first described by Dr. Scully in 1953, occurs exclusively in persons with abnormal sexual development. Its recognition is important because there is evidence that it is an *in-situ* form of cancer from which a variety of invasive germ-cell tumors can arise. The sex-cord tumor with annular tubules was described by Dr. Scully as a new morphologic type of ovarian neoplasm. Its clinical importance is its frequent association with Peutz-Jeghers syndrome, and indeed recognition of this tumor by the pathologist may be the first clue that the patient has the syndrome.

Working at the Shriners Burns Institute, Dr. James B. Caulfield has evolved a method of preventing damage to tissue exposed by skin removal. This method has permitted some preliminary observations on certain disputed points in wound healing: healing can and does occur without participation by neutrophils or mononuclear leukocytes; wound contracture can occur with about 10 percent of the usual complement of granulation tissue in one third less time; all

aspects of wound healing, including epithelial proliferation and migration, can be inhibited for up to five days by antibiotics that block RNA production; and skin defects can be made to heal without producing a stellate scar and by reduction in the perimeter.

Dr. Caulfield is also working with oxygen toxicity. His results thus far indicate that overhydration of oxygen (95 percent or greater relative humidity), increased ambient temperature and the use of diuretics in patients with oxygen toxicity are deleterious and that oxygen toxicity is associated with marked changes in the serum potassium in guinea pigs, possibly indicating an extrapulmonary lesion. All these parameters studies are easily varied clinically. The main purpose of the study is to lessen the chance of pulmonary hyaline membrane disease, which is a serious and frequent complication in burned patients.

A third study carried on by Dr. Caulfield involves feeding uracil to rats. Four to five months of a standard laboratory diet reinforced with 2 percent uracil results in glomerular lesions resembling those seen in diabetic patients. Liver nucleotide sugar pools are elevated in addition to the increase in glycoprotein deposits in the kidney. The present study is designed to find the intermediaries apparently induced by excess uracil that result in the increased glycoprotein deposition.

Dr. Kilmer S. McCully has made considerable progress in understanding the effects of homocysteine on human cells and the importance of homocysteinemia in the pathogenesis of arteriosclerosis. Skin cells cultured from children with cystathionine synthetase deficiency were found to elaborate abnormal proteoglycan molecules that form aggregates, and the fibrillar proteoglycans of normal skin cells were found to form similar aggregates when homocysteine was added to the culture media. His current work is concerned with the macromolecular alterations that result in the aggregation of proteoglycans in culture. In another study fibrous arteriosclerotic plaques were induced by the administration of homocysteine to rabbits, and the pathologic changes in the rabbits have the characteristics of the lesions found in children with homocysteinemia. Since the changes are also typical of early arteriosclerotic lesions of adults the findings are interpreted as evidence for the pathogenetic role of homocysteinemia in arteriosclerosis.

The trainees supported by our NIH Research Training Grant have

been productive. Dr. Ronald S. Weinstein has continued his study of normal and pathologic cell membranes. With red blood cells used as a model, the particulate subunit of red-cell membranes, previously discovered in his laboratory, was localized as a component within the interior of the membrane itself. Perturbation experiments with lipases demonstrated that the distribution of the subunits is dependent on the presence of membrane phosphatides. Membrane biochemical asymmetry was studied in collaboration with the Department of Biochemistry. A method was developed to induce endocytosis in membranes and retrieve the resulting inside-out membrane vesicles. This allows for direct chemical examination of the membranes interior surface.

In the past year cell-to-cell junctions were investigated in relation to a spectrum of problems. Dr. N. Scott McNutt, another trainee, in collaboration with Dr. Weinstein, reported a striking deficiency of nexus intercellular junctions between malignant cells in invasive carcinoma. This discovery is of special importance since cells may normally communicate with one another at these specialized membrane sites. They hypothesize that invasive growth may be related to a nexus deficiency. Another kind of cell-to-cell junction, the so-called tight junction *(zonula occludens),* forms permeability barriers. Dr. Weinstein and Dr. McNutt reported that the freeze-cleave technique developed in their laboratory can be used to map the distribution of these junctions between cells and have directly visualized discontinuities in tight junctions between endothelial cells of capillaries. This observation strongly supports the concept that intercellular clefts are the site of the small-pore system of trans-capillary exchange through small vessels.

The volume of work in the Cytogenetics Laboratory under the direction of Dr. Leonard Atkins has steadily increased to a new high of 633 specimens in 1969, more than half of which were submitted from sources outside the MGH, including various hospitals and practitioners in the Boston area as well as elsewhere in New England. The volume of material handled is the largest in the Boston area and probably is one of the largest in the country. The value of such a large selective volume is that a gratifying number of unusual types of chromosomal anomalies is obtained, giving an opportunity for associated studies pertaining to mapping of the human chromosome complement, particularly the autosomes about which so little is known. For example, the finding of a partial deletion of chromo-

some number 18 in association with deficiency of IgA in 2 patients has suggested that a locus for determing IgA production may be located on that chromosome. This association has been corroborated in the literature by a half dozen or so cases of this rare disorder.

Another function of the Cytogenics Laboratory, in conjunction with Dr. John Littlefield of the Pediatric Genetics Unit, is to aid in genetic counselling when a chromosomal disorder has been discovered or is suspected. For example, the finding of translocation mongolism is an indication for a family cytogenetic study. If a parent, or potential parent, is a normal carrier of the translocation there is a high likelihood of producing additional mongoloid children or carriers of the translocation. Culture of amniotic cells for cytogenetic studies in prenatal cytogenetic evaluation has been carried out in collaboration with Dr. Littlefield, and this type of study will probably become more frequent in the future.

Together with Dr. Murray J. Janower of the Department of Radiology, Dr. Atkins is also studying the cytogenetic effects of radiation in a large series of patients previously treated with Thorotrast. In a series of children whose mothers received radioactive iodine before conception of the propositi, Dr. Atkins is attempting to determine whether the radiation had any genetic effects on the mother's gonads. Thus far, one XYY individual has been observed. Whether the nondysjunction resulting in an XYY sex-chromosome constitution in that case is related to radiation effect or purely fortuitous is not known at present, and a large amount of data from such studies are required before any conclusions can be drawn.

The volume of work in the Cytology Laboratory has continued to increase. The Laboratory was very pleased to learn that Miss Jean Pasakarnis, Head Cytotechnologist, was elected to the Advisory Cytotechnology Committee of the American Society of Cytology and is serving as its secretary.

During the year many members of the department were called upon to lecture at medical schools and to give slide seminars at pathology meetings. Highlights of the international invitations were a slide seminar conducted by Dr. Scully at the Peruvian Society of Pathologists in Lima, a lecture on progressive multifocal leukoencephalopathy at Oxford University by Dr. Edward P. Richardson, Jr. and a paper on cardiogenic shock at the International Study Group for Cardiac Metabolism in Milan, Italy by Dr. Caulfield. Dr. Weinstein discussed some aspects of his group's work at a workshop

on membranes in Titisee, Germany, and Dr. Benjamin Castleman conducted a slide seminar at the meeting of the South Brazilian Pathology Society in Porto Alegre and lectured to the Argentinian Division of the International Academy of Pathology in Buenos Aires. He also was one of the U.S. delegates to the WHO Committee meeting on nomenclature of bone tumors that was held in London.

The statistics of the diagnostic examinations are as follows:

	1967			*1969*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	1,014	72	1,086	919	106	1,025
Autopsy percentage	64.7%			65.1%		
Surgical specimens	15,053	1,384	16,437	15,019	1,750	16,769
Microscopic preparations			99,463			93,595
Cytological specimens	9,176	11,100	20,276	10,043	10,694	20,737
Cytogentics specimens	263	290	553	285	348	633

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Department of Psychiatry And the Hall-Mercer Hospital

The Hall-Mercer Hospital is integrated with the service, research and teaching functions of the Psychiatry Department of the Massachusetts General Hospital. The Hall-Mercer fund contributes significantly to the support of staff and defrays the hospital costs of patients who are impecunious.

I. Introduction

During 1969, the Department of Psychiatry continued its second year of reorganization and redirection. In the major clinical areas the department is attenpting to respond to demands by our colleagues and our patients for more and better care. In doing so, we are addressing ourselves to previously neglected patient populations.

During the past year, we have initiated the following programs in order to provide better service:

1. The ward has developed a unique treatment milieu in which patient groups and non-medical personnel become major therapeutic agents.

2. The clinic has used group techniques in the waiting room and in the management of crises; it has focused the first year of training on the unscreened patient who asks for help; it has attempted to reconceptualize what the patient wants and needs; it has begun a series of studies on therapeutic involvement with the urban poor.

3. The consultation service has increased its staff, and a private consultation service was developed to respond to the internal needs of the medical and surgical inpatient services.

4. Child Psychiatry has increased treatment hours available and is treating a population increasingly drawn from the lower economic brackets.

5. Clinical Psychology has begun a predoctoral training program.

6. The Department has initiated a program of leadership training in the field of alcoholism. Trainees have provided additional services to patients with alcohol related problems.

7. A new technical device, *Teleconsultation,* is being used to consult at a distance.

The above programs utilize an increase in medical and non-medical manpower, new technical devices, group techniques, and new ways of conceptualizing psychiatric illness to respond to pressing clinical demands. At the same time the department places equal emphasis on basic research which, we feel, holds the key to major breakthroughs in the field of psychiatry. Work in biological psychiatry is being conducted in the laboratories of Drs. Seymour S. Kety, C. Keith Conners, and Frank R. Ervin.

II. Major Clinical Areas: Service, Training, Research

A. Inpatient Psychiatric Services (Dr. Bernard S. Levy)

The ward program has evolved into a unique therapeutic milieu emphasizing the group interactions between patients and staff. Mr. Barry Krasner of Social Service and Miss Mary Ann Fildes and Miss Marie Benoit (head nurses) have been instrumental in its development. Over the past year, the ward has served 196 patients for an average of 38 days (97% utilization). These patient populations include many who are suicidal and/or psychotic at the time of their admission. Treatment is generally successful in a relatively short period.

The ward has also served as a learning experience for Harvard Medical students during their principal clinical year. The rotation provides information about the major psychiatric syndromes and allows the student to see how he interacts with other people. The ward experience is a major arena for the learning of couple therapy and family therapy for psychiatric residents.

Research on the outcome of treatment is being pursued. All patients are being followed up at intervals by a mail questionnaire, and, if necessary, telephone interviews. It is hoped that a "new" clinical phenomenon can be evaluated; young patients with classic signs of schizophrenia are being seen less frequently, and instead many young people are presenting with symptoms of character disorders. It is hoped that follow-up studies can define this syndrome more clearly.

Additional research continues on the use of lithium for manic depressive illness. Approximately 36 patients are currently on this drug. The early results are extremely encouraging, especially for the seriously ill patient who has had frequent hospitalizations.

B. Psychiatry Clinic (Drs. Morris E. Chafetz, Aaron Lazare, John G. Clark, Arthur N. Papas, and Thomas C. Harford)

The reorganization of the Psychiatry Clinic, which began in July, 1968, continues.

The Psychiatry Clinic, which was reorganized July 1, 1968, continues its attempts to respond to the mental health needs of a large patient population. During the 1969 year, the Clinic evaluated and/or treated approximately 16,000 patients. All patients seeking outpatient psychiatric treatment are now evaluated on a "walk-in" basis by a staff of resident psychiatrists and non-medical professionals. Although there are a wide range of possible treatment dispositions, the clinic's major thrust is towards helping the patient settle the crisis in a relatively brief period of time. Problems of limited manpower are dealt with by the use of non-medical personnel and group techniques.

Since July 1968, the department has used the Clinic as the major training area for first year residents. This kind of training (in contrast to traditional first year inpatient programs) gives the resident the opportunity to see a broad patient sample rather than a skewed population selected for him. Training in the clinic also encourages the department to direct its resources to its outpatient areas which have been neglected in American psychiatry.

One major focus of research in the Psychiatry Clinic concerns the social and clinical aspects of interactions between members of an urban poor population and treatment personnel in an outpatient clinic. The primary objectives of the project include the effects of social distance, metacommunication, and patient-therapist matching techniques upon therapeutic involvement. Four sub-studies are underway:

1. A series of studies were undertaken to test the effects of social distance in initial clinical encounters upon subsequent therapeutic involvement. Preliminary studies centered on obtaining measures of social distance as mediated by physical appearance and assessing interrater agreement. These social distance ratings are being related to measures of the initial clinical encounter (activity level and metacommunication) and therapeutic involvement.

2. Another major undertaking during this year had to do with the development of measures applicable to both the patients' and therapists' verbal and non-verbal behavior during the clinical encounter. Attention was directed to the verbal activity level of the therapist as an important construct relating to patient behavior, an approach supported by both clinical and non-clinical

(Game Theory) observations and findings. Aside from measures which focus on the content of the therapist's statements, attempts have been made to apply rating techniques which deal with the feeling tone of the therapists' speech. Samples of therapists speech segments were content filtered, a technique which renders the words themselves unrecognizable. A factor analysis of these samples yielded four factors, three of which were correlated with therapeautic involvement.

3. A basic dimension which bears on the formation and maintenance of treatment relations between the patient and the caretaker concerns the overall correspondence between the language systems of different individuals. Studies have been designed which utilize measures of language predictability in relation to the following questions: Do patients differ with respect to the predictability of their language? Are therapists selectively tuned to certain types of patient language?

4. Recognition of the fact that a variety of social and clinical skills bear on therapeutic encounter suggests that variations in the style and personality of caretaker will relate to differential effectiveness with different types of patients. To explore this, a sample of 48 patients was paired with 24 therapists to produce 24 matched patient-therapist pairs and 24 unmatched patient-therapist pairs. Tape recordings of the first therapy hour are being analyzed in terms of therapist activity and metacommunication. These data will enable us to analyze more explicitly the variations in therapist styles as well as their relation to increased therapeutic effectiveness.

A second focus of Clinic research involves a study of the patients seeking treatment. Research is underway to ascertain the various expectations the patient brings to the treatment situation. The patients' conceptual models of treatment will be related to social class, treatment prescribed, and results of treatment.

C. Staff Consultation Service (Drs. Thomas P. Hackett, Avery D. Weisman, Benjamin Gill, Michael Bennett, Thomas F. Dwyer, Frederick Guggenheim, and Alfred J.R. Koumans)

The Psychiatric Consultation Service is an integral part of Resident Training. It also contributes to optimal treatment of medical and surgical patients in the general hospital. The focus of service is not primarily the emotional difficulty of the individual patient, although this is not ignored, but in helping the staff (Medical and Nursing,

understand how the psychological difficulties contribute to the patient's disease. Emphasis is placed on helping the staff use this psychological knowledge to effect better care. In addition to consulting on individual problems and making appropriate recommendations, the resident takes part in teaching exercises with nurses and social workers via seminars and group discussion. This is a form of "milieu management" which aids not only the patient and medical staff, but also the resident inasmuch as he can see group process in action and, under supervision, increase his expertise. The method of "milieu management" also provides a way in which the Psychiatric Service can reach more patients than could otherwise be the case.

The demand for consultation is more than can adequately be supplied by the limited number of residents on the service at any one time. We have found that the more that is provided, the greater the demand from the various medical and surgical services. The traditional use of the psychiatrist as merely an aid to disposition in the case of "difficult" patients is thus being changed as medical and nursing staff become more confident in their knowledge and understanding of basic psychological principles.

During 1969, the consultation service was engaged in several areas of research:

1. *Cardiovascular research.* This is the third year of a project designed to investigate the reactions of patients with acute coronary disease to the coronary care unit. This work has been conducted on the four-bed CCU on Bulfinch 3 as well as in the six-bed private unit on Phillips House 2. In the last three years over three hundred patients have been interviewed. We have set up morbidity scales and are in the process of assembling a predictive test to detect high risk versus low risk patients in the first, second and third year. We are trying to relate certain personality variables with short and long term survival. We are also actively engaged in designing an educational campaign to cut down the delay in getting acute MI patients to a medical facility. As our work continues, we will be devoting more of our attention toward the convalescent period of coronary illness where the toll is perhaps the greatest in terms of work loss, depression and anxiety. It is this period about which the least is known in terms of medical and psychological management.

2. *Medical hypnosis.* The use of medical hypnosis in a variety of situations found in medical and surgical patients in a general

hospital continues to be a major research interest. We have used hypnosis with some success in individuals wishing to stop smoking. Currently, a test is being devised to determine which of a series of variables having to do with motivation are the most important predictor of success in the cessation of smoking. Various psychosomatic phenomena such as the substitution of symptoms, the control of chronic pain syndromes, control of gait disorders and movement disorders through hypnotic relaxation are under investigation.

3. *Therapeutic Abortion Study.* Data are being collected on all women seen in this department for the evaluation of eligibility for therapeutic abortion. The goal is to determine, through long-term follow-up, the effect of therapeutic abortion on the emotional life of women in the years subsequent to the operation.

4. *Potency disturbances in the male.* In conjunction with the GU department, about twenty to forty such cases come for evaluation and treatment each year. A technique has been developed for separating these individuals into those that are treatable by psychotherapy, by drugs or suggestion (hypnosis), and those requiring artificial aids. The goal of this work is to learn the natural history of periodicity of these disorders and the effectiveness of our intervention.

D. Private Psychiatric Consultation Service (Dr. Gary Jacobson)

The Private Consultation Service was instituted in July, 1969, to establish more effective coordination with the other services of the hospital. It provides direct clinical care to Baker and Phillips House patients. In the first five months of the service, 66 consultation requests were received, a third of which were of an emergency nature. In the case of emergencies, the patients were seen within a few hours of a call and, in some instances, within the hour. In-hospital follow-up has been an objective of this service, and 53 patient visits were made on emergency cases to insure proper crisis management.

Indirect patient service has included coordination of psychiatric efforts with the nursing service and especially with the very much welcomed psychiatric nurse-clinicians. In process with the nursing service are teaching conferences, case supervision, ward crisis consultation, and the development of an information form to facilitate the overall care of mental hospital patients transferred to the MGH for medical treatment. Teaching efforts are also directed

towards medical or surgical house officers, social workers, psychiatric house staff, and other personnel involved with the cases.

Both to provide out-patient follow-up care and to place other patients with private psychiatrists, the Private Psychiatric Consultation Service is in touch with approximately 70 psychiatrists in the Boston area on a regular basis. These include staff members of the Department and psychiatrists who have worked with our staff. In the first five months of the service, 102 patients have been placed in private therapy with special experience or interest in the nature of the problem being referred.

E. Child Psychiatry (Drs. John H. Lamont, Norman R. Bernstein, Richard R. Peebles)

During 1969, the total number of cases referred and seen for evaluation was about the same as in past years. The number of treatment cases carried at any given time has increased, however, from about 100 to 170 as a result of more trainees in the various disciplines. The residents have also seen cases for evaluation in the Children's Medical Service, working in that setting under Dr. George W. Rever, though such cases appear on the CMS census and not on this Unit's. The patient population tends increasingly to be drawn from lower economic brackets, with a larger incidence of multiproblem families, one-parent families, etc. Diagnostic categories remain essentially the same.

During the past year, there has been a trend toward more part-time trainees (residents in the general residency program, VA residents, social workers) and fewer full-time trainees in child psychiatry. The trainees have options which give them a broader experience in training through the affiliation with Bunker Hill Project, the Child Development Laboratory, the Fernald School, the Shriners Burn Institute, etc. Medical students both from HMS and elsewhere, have increasingly taken electives with the Unit because of the opportunity for direct clinical experience.

The primary research projects have been the continuation of Dr. Peebles' studies of family dynamics and the collaborative study of enuresis.

F. Teaching Medical House Officers (Drs. Dwyer, Weisman, Guggenheim)

There has been an active program to provide psychological training to all medical house officers. The broad aim has been to provide physicians with additional skills in psychological diagnosis and

management that will enable them to detect and respond effectively to psychiatric disturbances in their patients.

During the calendar year of 1969, several changes have been noted in the above program:

1. There has been a noticeable shift in the type of consultation requests initiated by the medical house officers. This change is a reliable indication of the house officers' having learned a broader concept of what is a consultation.

2. The Monday Medical Psychology Conference has been attended by persons representing a variety of disciplines in addition to Medicine. In recent months, this conference has been collaborating with Dr. Avery Weisman's research into context reporting.

3. Apparently in response to the increased supervision of the psychiatric resident on consultation, and ensuing more effective consultations, there have been requests from portions of the hospital not now systematically covered for psychiatric consultation e.g., surgery.

4. During the past academic year, the teaching fellows (third-year residents) in Medicine regularly joined our Planning Conference and this resulted in a mutual education of both the Fellows and our instructors.

G. Psychology Service (Drs. Sherry B. Autor, Richard R. Peebles, Linda Wasserman, and Mrs. Susan Quinby)

The Psychology Laboratory offers psychological services for children as aids in diagnosis and disposition of Medical, Surgical and Neurosurgical, as well as Psychiatric patients. Psychological evaluations deal with the following kinds of problems.

1. *Personality Assessment* for diagnosis and disposition of patients with psychiatric problems.

2. *Differential diagnoses* in question of functional versus organic etiology.

3. Evaluation of *intellectual level* and *vocational aptitudes* for assistance in school and vocational planning.

4. Evaluation of *Cognitive functioning* for diagnosis and treatment planning for neurological patients.

A program for pre-doctoral training in clinical psychology was initiated in October, 1968, and has gained momentum during 1969. There are currently five interns. The intership is designed to develop skills in diagnosis, therapy, and consultation. All of the clinical and

research psychiatric units at the MGH are available for internship training.

H. Alcohol Services (Drs. Chafetz, Howard T. Blane, Papas, and Sidney Green)

The Department of Psychiatry has provided several services to the alcoholic patient over the past several years. During 1969, there have been three major developments designed to improve both patient care and staff training:

1. The *Alcohol Clinic* ceased to exist as a separate unit and was absorbed into the newly reorganized Psychiatry Clinic. This new administrative arrangement has given residents the opportunity to study and treat patients with alcohol related problems. The Leadership Training and AERO programs provide the resident with further resources for consultation and treatment.

2. A program for *Leadership and Professional Training in Alcoholism* was initiated in July, 1969. The immediate objective of the program is to provide a year of advanced, comprehensive clinical, didactic, and leadership training to general physicians, nurses, psychiatrists, psychologists, and social workers. During the last six months of 1969, sixteen trainees representing psychiatry, social work, psychology and nursing began the program. A significant portion of their training includes direct services to patients (with and without alcohol related problems) who present to the Psychiatry Clinic.

3. Beginning in September, 1969, AERO (Alcohol Education Rehabilitation Orientation), an outpatient program for the treatment of patients with alcohol related disorders, was initiated. The program is studying the effectiveness of an intensive four week exposure to individual and group therapy, family involvement, and education techniques.

I. Teleconsultation (Dr. Dwyer)

Closed circuit television is under construction to connect Bedford Veterans Administration Hospital (about twenty miles outside Boston) with the MGH and is expected to be in operation January 1970 (for about 30 hours per week). The aims of this project include service, teaching and research. Rooms at either end of the system are being renovated and will contain cameras that are remotely controlled. An operator at MGH will be able to scan a group of patients or professionals and at the same time carry on a dialogue with the persons at the other end.

The preparatory activity included a survey of the nature of consultations at Bedford V.A.H. for the calendar years of 1968 and 1969. This information will be used as a base line against which the use of Teleconsultation can be assessed. Preparation also includes discussing with each individual department head at Bedford his potential use of Teleconsultation and putting him in touch with his counterpart at the MGH.

J. The Bunker Hill Health Center (Drs. Alvin J. Simmons and W.H. Sack)

The Bunker Hill Health Center is a physical extension of the MGH in a neighborhood of Boston (Charlestown) designed to provide family centered health care of a comprehensive nature with coordinated and continuous services available to all community members.

The Mental Health Staff is interdisciplinary, made up of members of the professions of psychiatry, psychology, social service, and nursing, in addition to aides and assistants of various levels of training. These services are designed to be integrated with total health care in order to evolve a more sophisticated blend of psycho-social and bio-medical approaches towards patient care. Currently, families are being assigned to health teams (which includes a pediatrician, a nurse, an internist, a dentist, a nutritionist), and it is within this team framework of primary coordinated health care that our efforts to intervene psychiatrically are geared.

The Mental Health Staff is experimenting with a variety of innovative techniques to learn more effective ways of providing services to individuals in Charlestown. Therapy is directed towards retaining the person in the community by increasing the effectiveness of coping mechanisms and by coordinating existing community agencies towards intervening on behalf of the patient and his family. Therapy procedures have a crisis orientation and treatment is often oriented towards the immediate interaction between the patient with his predicament and his life situation. After-care programs for psychiatrically hospitalized patients are being developed. On behalf of children, a school consultation service is developing and a variety of individual, group and group activity services are operating. We are attempting to provide services in a manner congruent with the life style of the patient and with a degree of flexibility which allows for immediate response to need without the development of waiting lines. In addition to providing direct services, we are attempting to

implement preventive and health education programs for the community of Charlestown. An active research evaluation team is underway to participate in descriptive and analytical investigations of our current methods of providing service. Continued examination of our direct and indirect service activities and training procedures will be carried out as an integral part of this program.

III. Major Areas of Research Not Associated With Clinical Service

A. Psychiatric Research Laboratory (Drs. Kety, Ross J. Baldessarini, Manfred Karobath, Matti Huttunen, Joseph Lipinsky, Michael Ebert, Stephen Matthysse)

Psychiatric Research Laboratory, under the general direction of Dr. Kety, has focused on the following areas during the past year:

1. *Genetic-environmental interactions in the etiology of schizophrenia*

This is a study which utilizes adoption as a means of disentangling genetic and environmental variables in the transmission of schizophrenia. The study in which we have major responsibility is an examination of the types and prevalence of mental illness in the biological and adoptive families of adopted children who became schizophrenic. The sample is drawn from all adoptions in Denmark and has already yielded evidence that genetic factors play a role in these disorders. Research at present is focused on a detailed study of the biological and adoptive relatives in an effort to identify significant environmental variables. (Dr. Kety in collaboration with Drs. Rosenthal and Wender at the NIMH and Dr. Schulsinger in Copenhagen)

2. Neuropharmacology

Current research is concentrating on the processes involved in the synthesis and release of biogenic amines, especially the catecholamines in the brain in relationship to mental state and behavior. Specific studies are investigating the role of the subcellular fractions at synaptic endings in the storage and release of putative transmitters, the effects of neonatal stress on catecholamine turnover in the brain at maturity, the sustained effects of electroconvulsive shock on the synthesis and turnover of biogenic amines.

3. *Biochemical studies in schizophrenia*

Current research is concerned with an examination of the process of biological transmethylation and the development of

techniques for evaluating its fundamental characteristics in the brain and peripheral tissues of animals. These techniques will then be applied to patients with schizophrenia in an effort to establish whether or not the process is deficient or abnormal in that condition.

B. Child Development Laboratory (Drs. Conners, Joseph Tecce, Michael Murphy, and Gerard H. Rothschild)

Several studies on children with behavior or learning disorders have been completed during the past year:

1. *A comparison of the differential effects of dexedrine, ritalin and placebo or cortical evoked potentials in children.*

In this study a number of parameters of auditory and visual evoked responses were examined before and after stimulant drug or placebo treatment in children with primary learning disabilities. Multi-variate analytic techniques showed that the two stimulants act in quite distinct ways on evoked potentials, particularly on latency parameters.

2. *A study of the relationship between visual evoked response amplitudes and verbal abilities in children with learning disorders.*

Children in special programs for learning disorders were given a battery of psychological tests and visual evoked response measures. A surprisingly large set of correlations of verbal ability and evoked response amplitudes emerged, particularly showing that left parietal amplitudes were strongly related to verbal-symbolic functions.

3. *A study of family reading disorders.*

The left parietal anomalies in reading disorders were further investigated in a family in whom all members except the mother were poor readers. All showed a marked flattening of the visual evoked response curves in the left parietal area.

4. *The effect of stimulant drug treatment on peripheral vascular habituation.*

Plethysmographic measures of vasoconstriction were obtained before and after stimulant drug treatment of children with hyperactivity. The drugs had the effect of accelerating the habituation of the orienting response to repeated auditory stimulation, confirming the hypothesis that these children suffer from defective inhibitory mechanisms controlling habituation to innocuous stimuli.

5. *The effect of diphenylhydantoin on children with temper*

tantrum behavior.

Behavioral, rating and evoked response measures were examined in a double-blind crossover treatment with DPH or placebo. Although significant effects on slowing of evoked response latencies were found, the clinical usefulness of the drug for these patients was not confirmed.

6. *Genetic factors in reading disorders.*

A factor analyzed battery of objective cognitive performance abilities across a wide age range has been developed. This factor battery is to be applied in a cross-generational study of families with reading disorders to determine genetic patterns of cognitive abilities that determine reading success. Preliminary reliability and standardization of the tests has been completed.

7. *Contingent Negative Variation and cognitive function in children.*

Slow DC electric brain potentials (CNV) are being recorded in children with learning and behavior disorders to determine the relationship between cognitive deficits and these "expectancy" waves obtained from scalp recordings.

C. Project OMEGA (Drs. Weisman, Guggenheim, Harry S. Olin, Messrs. Joseph Lemon and John Sterling-Smith)

The general purpose of Project Omega has been the investigation of psychosocial factors in pre-terminal and pre-suicidal patients. During the past year, activities within the project have included:

1. *Study of the danger list*

The institution called "putting the patient on the D.L." has been studied with respect to its use, abuse, misuse, and nonuse.

2. *Studies of suicides and suicide attempts*

Several hundred MGH records and suicide attempters have been analyzed. In addition, MBTA records of "pit jumpers" and North Mortuary records of completed suicides are being reviewed. These data are used to rate lethality in patients attempting suicide.

D. Computer Evaluation and Cognitive Process (Dr. Michael T. McGuire)

Research during the past year has focused on the following areas:

1. *Studies of quasi-permanent cognitive processes*

These studies have used time-shared computer facilities to study the verbal information processes of the mind. Particular emphasis has been placed on the "automatic" processes used in everyday cognition. Studies have led to a new theory of cognition.

2. *Studies in the computer evaluation of psychiatric illness*

Studies just completed indicate that severely ill psychiatric patients can and do communicate with a computer (via teletype) which can evaluate and monitor their psychiatric illness independent of human observers. This evaluation tool is now entering its second phase of study which will attempt validation with established tests (for depression, anxiety, etc.) and for correlation with physician evaluation of illness.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University

I. *Preamble*

The most exciting news in cancer research at the present moment is the growing evidence that in many species of animals – fish, frogs, birds, mice, rats, cats, dogs, cattle, and monkeys, to name a sampling – cancer can be shown to be caused by viruses. Such viruses, generally specific for a given species, can be purified, studied, grown in tissue culture, and injected into others of the same species to produce cancer in a previously normal animal. This statement does not deny that cancer can also be produced in many species of animals by chemicals. For example, the same compounds – 3,4-benzpyrene, and 1,2,5,6-dibenzanthracene – which can produce cancer in man from smoking, can likewise do so in the mouse either when painted on his skin or injected. There is, however, fresh convincing knowledge, added to other classical information, that an important natural cause of cancer in animals is a family of special viruses.

At least some of these viruses possess the unusual attribute of being passed from generation to generation by way of the mothers' ovum, via her milk, and possibly by means of the paternal sperm cell. Thus, they would be difficult to eliminate. They may also exist quietly in the host animal for long periods of time, doing no harm, but destined to waken to action as a result of some unknown stimulus.

This concept of cancer in animals gives strong direction to the search for a viral link to cancer in man. From the point of view of one immersed in the problem, it appears almost inevitable that, in time, the missing evidence to tie an important sector of human cancer to viruses will be uncovered. The establishment of a link in animals has been a much easier problem. Here one searches for the virus in an animal tumor which occurs naturally, purifies and concentrates the virus, and injects it into a new-born animal of the

same species. In this way the connection has been established for the mouse leukemia and solid tumor viruses and for the various chicken tumors. In the human we must follow a more circumspect experimental path (since a suspected tumor virus cannot be injected into another man).

In our laboratories we are addressing ourselves more sharply than in previous years to the question of how an animal virus is able to invade a normal cell and to convert its law-abiding machinery into a wild anarchic type of growth. We may ask how the virus diverts the steps which run from gene to completed cell product into a population explosion of tumor cells. What regulators keep the normal cell family size within bounds? How can one prevent the production of more tumor virus without killing the host in the process? Can one produce effective viral antibodies against cancer? These are questions which are worth examination, and toward which we are turning biological insight gained in the study of normal growth.

II. *Detailed Discussion*

A. *Protein Synthesis in Normal and Tumor Tissues*

Some of us (Drs. Mary L. Stephenson, Jesse F. Scott and Paul C. Zamecnik) have devoted many years to the problem of the biosynthesis of proteins, a major component of all tissues. A number of the basic steps have been delineated here, and current emphasis is on regulation of the rate of formation of proteins, which are made up of chains of a variety of amino acids arranged in specific sequences. It is the position of the individual amino acids in the chain plus the folding of the complete chain which gives the protein such unique properties and functions as enzymatic activity, antigenicity, and structural functions.

The initial steps whereby an amino acid becomes bound to an interesting nucleic acid molecule (transfer RNA, discovered here) represents an area in which regulation of the formation of protein could be imposed. Both the nucleic acids and the enzymes (synthetases) required to bind amino acids to their specific transfer RNA's are therefore being studied.

From a knowledge of mechanisms, hopefully will come insight into how the presence of a tumor or of a tumor virus interferes with this process. One such enzyme is being extensively purified (Dr. D. Coleman) with the hope of understanding the complex formed between it and its specific nucleic acid. The specific interaction

between the activating enzyme and its own transfer RNA represents a second genetic code, which is still a mystery, of enormous importance to growth regulation, ranking equal to that of the code between the messenger RNA and the transfer RNA (recently cracked by Nirenberg, Ochoa and Khorana). These studies aim to identify the parts of the molecule which are involved in the complex formation, and aim to alter these sites chemically, thus changing the rate of formation of the ultimate protein. Bacterial mutants are being produced by Dr. Irvin N. Hirshfield in order to induce an altered enzyme, which would react in a different manner or rate with its own transfer RNA. This is an attempt to pinpoint a site on the enzyme or RNA which might be involved in the area of regulation.

In earlier studies of this initial stage in the biosynthesis of protein it was found that an unusual high energy compound was produced by these enzymes, at least in the test tube. This compound, diadenosine tetraphosphate, is formed from ATP, a well-known small nucleotide which donates its high energy to the formation of the protein. What role this new nucleotide may play in growth regulation is not known. Recently Dr. Stephenson has firmly established its presence in intact normal animal cells, bacteria and tumor (ascites cell) tissues.

Separate but coordinating studies are being carried out on the fascinating small nucleic acid molecule transfer RNA (tRNA), mentioned above, involved in this initial phase of protein synthesis, still with the hope of pointing out specific key areas of the molecule involved in its metabolic activity. Specific transfer RNA's have been purified by Dr. Peter Schofield and Dr. Scott, particularly some containing unusual components, sulfur-containing residues, which serve as a useful tool both for identification purposes and in offering unusual areas of the molecule for interaction with the specific enzyme molecule. They are investigating the physical properties of the RNA, using such parameters as the circular dichroic pattern produced by the unusual sulfur residue. Dr. Schofield, with Drs. Alexander Rich and Sung-Hou Kim at MIT, has prepared crystals of a specific tRNA which is particularly involved in the initial formation of protein chains, formyl-methionyl-tRNA. Studies on these purified "normal" systems rather than with crude mixtures are a great help in pointing out areas which might be involved in regulation of growth.

In this connection, Dr. Nancy Bucher is continuing to unravel the sequence of metabolic changes which occur when two-thirds of a

normal rat liver is removed surgically, and the remainder is in an unexplained way stimulated to replace the missing liver tissue and then to stop the regeneration process.

The basic studies mentioned so far have involved nucleic acids and their building blocks and have benefited enormously from techniques developed by Drs. Erika and Kurt Randerath involving the isolation and separation of these derivatives using thin layer chromatography. The sensitivity of detection of the compounds has been increased many-fold during the past year by specially designed techniques for making the compounds very radioactive for easier quantitation.

B. *Studies on the Chicken Tumor Virus*

If a one-day-old chick is injected with a tiny amount of blood plasma of a chicken which has died of leukemia, within three weeks that growing chick will die of a fulminating leukemia also. Dr. David W. Allen injects 100 baby chicks a week with this virus, and harvests the virus three weeks later from the unfortunate chicks bearing this fatal disease. He is able to collect and purify enough of the virus (avian myeloblastosis virus, so-called) to study in detail its antigenic properties. Adult chickens do develop some resistance to this virus, in the nature of specific antibodies against it. If one understood the molecular nature of the antigen in the virus, the antibodies could theoretically be stimulated to do a better protective job. Dr. Allen is busy trying to determine the amino acid sequence of this antigen, a long but important job, of great relevance to the cancer problem.

It has been recently discovered in other laboratories (Beard's at Duke University and Travnicek's in Prague) that our favorite molecule, transfer ribonucleic acid, undergoes specific changes in its structure when a tumor virus infects a normal tissue. We have therefore undertaken to analyze in detail the nature of the modification in the tRNA which the tumor virus has impressed on its host cell, to its eventual detriment. With the help of Dr. Allen, Dr. Leonard J. Rosenthal has isolated the tRNA from the pooled plasma of some 300 chicks. We are about to embark on an analysis of its "minor base" constituents, leaning on the skills of Drs. Scott and Scholfield to prepare the viral tRNA in pure form. There is less than a milligram of the pure material. The Randeraths are, therefore, about to guide our hands in the art of analyzing for the critical minor bases, using their recently developed techniques. The above-mentioned studies are of course directly on the beam in modern cancer research.

C. *Studies on Steroid Hormones and Cancer*

Interest in the relationship of steroid hormones to human cancer reached a peak over two decades ago following the discovery by Huggins that cancer of the prostrate in man could be remarkably improved by castration (i.e. elimination of a major source of male hormone) or by injections of female sex hormones. The relentless progress of cancer of the breast was next found by Nathanson in these laboratories to be greatly ameliorated in some patients by treatment with either male or female sex hormone, the choice depending on the age of the patient. During the subsequent decade or more, however, little could be added to these important contributions. Search for clues to the responsiveness of one patient and the refractoriness of another was not illuminating – at least by study of the patterns of steroid excretions in urine specimens from patients, as carefully examined in those days. There followed a trough or neglect of interest in the steroid compounds from which we are just recovering. New, sensitive techniques in recent years have made it possible to analyze for steroids in small samples of tissues, and to investigate the subtleties of converting one steroid compound to a near relative which may surprisingly have very different effects. This work has drawn temporarily away from the clinic and back into the laboratory, and with the guidance of Dr. James Orr, leans heavily on new developments in analytical organic chemistry. Dr. Lewis L. Engel has pioneered in these new developments, and is internationally recognized as a leading figure. The University of Glasgow recognized his eminent position during the past year with the award of an honorary degree. In this connection it is also interesting to note that the newly-appointed Director of the Chester Beatty Research Laboratories and of the Royal Cancer Hospital, London, is Dr. Thomas Symington, a well known steroid research scientist and friend of Dr. Engel's. Our British colleagues thus strengthen our conviction that there will be a renaissance in the contributions of steroid research to cancer chemotherapy in the future.

D. *Cancer Chemotherapy*

In a direct approach to human disease, studies with Hodgkin's disease have been continued by Drs. Alan C. Aisenberg and John M. Goldman. The immune deficiency seen in this disease closely resembles the immune deficiency seen in mice from which the thymus gland has been removed. For this reason it is logical to examine the immunological function of the mouse thymus gland

under a variety of conditions. The work supports a cellular thymus mechanism and does not require the postulation of a thymus hormone.

Drs. Rita Kelley, W. Davies Sohier and Robert Carey continue to carry out long-term studies on the effect of steroids and other chemotherapeutic agents on cancer in the human. There is a constant effort to compare results on time-proven drugs with those of newer ones, and to keep the steadying influences of prudent experience and statistical validity ahead of wishful enthusiasm and unexplained beginner's luck in evaluation of a new drug.

III. *General Comments*

This "State of the Union" annual message is not a comprehensive one but omits much of interest which will hopefully be described in future reports. Although these laboratories are in some ways a large group, in comparison with the cancer research institutes of the country, they are small and unbalanced. Our major efforts flow toward the uncovering of knowledge of the machinery of normal and abnormal growth. This is where long-range insight into new modes of cancer therapy will come from. At the same time we have a heavy responsibility for the pressing temporal care of the patient currently hospitalized with cancer. The cures of infectious diseases and triumphs over infant mortality have enormously altered the hospital population within this writer's memory. Patients with rheumatic fever, pneumonia, indolent infections of the hand, osteomyelitis, tuberculosis, the serious manifestations of veneral disease, poliomyelitis – all are essentially gone from the hospital wards, and replaced by more senior, graying citizens, in whom a possibility of cancer envisaged at entry too often becomes an established fact. We need more skilled, experienced professionals to care for this major sector of the hospital population. Thus we applaud the hospital's efforts to expand our resources and commitment to clinical oncology in all its modalities of therapy. In particular, new instrumentation for radiotherapy, plus added staff and facilities for research on the frontiers of this field are of the highest priority.

PAUL C. ZAMECNIK, M.D.
Director

Vincent Memorial Hospital

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Vincent Memorial Hospital
Report of the Chief of Staff

Review of the unembellished statistics for the year just past does not suggest that it will some day be looked upon as a milestone or turning point. Admissions to all three in-patient care units, Vincent II, Vincent III, and Phillips House were equal to or slightly above the previous year, with an overall increase of approximately two and one half percent. The number and kind of procedures carried out also showed no change. Once again one tenth of our admissions but almost one third of our occupancy was for women with cancer. Cancer also was again almost the sole cause of death during hospitalization.

The ambulatory services, both Out-patient and Emergency Ward, were not so stable as this. Every section increased its volume for a calculated 13 percent overall, and it is clear that these facilities are now functioning almost at capacity. Analysis of the patient visits in the Out-patient Department over a period of six months during the year shows that this increase in volume is being generated chiefly in the age group between 15 and 25 and for complaints arising out of disorders of function seldom requiring hospitalization (6 percent). Caring for this tidal wave of minor misery must clearly be rated as extending the healing hand to the Community, which makes us very much in tune with the times, I suppose. Our figures show also that 40 percent of these visits are by Welfare recipients or our own personnel.

In spite of Federal fiscal retrenchment, our research projects have continued at full pace, supported in varying degree by the benefactions of loyal and interested Club members and some bequests. Dr. Leona Zacharias is recording detailed facts in the sequence of maturation in normal girls (Prospective study) and has reached a point in this study which will soon permit meaningful tabulation. Dr. George Richardson is on sabbatical leave at Southwest Medical Foundation in San Antonio, where he has been able to pursue easily and profitably several avenues of steroid metabolism by the ovary which the facilities here could not encompass. Dr. Ann Barnes has most expeditiously set up a study in dogs which reveals the cellular behavior of the kidneys, and is comparing the normal pattern with

that seen in pregnancy, uneventful and with complications. Dr. Janet McArthur, with Doctors Jardena Ovadia and Olive Smith, and with dedicated Staff collaboration, has established a colony of tractable monkeys whose reproductive cycles can be and are being measured in a cluster of methods which display changes from day to day. Parallel, similar monitoring of women receiving treatment to correct their failure to ovulate spontaneously is designed to permit transfer of research results to the patient care sphere without delay.

There were no changes in the roster of professional Staff, every member of which has more than adequately contributed to the medical and educational functions of the Service. These have included participation in the yearly Postgraduate Courses in the Department given here and at the Boston Womens' Hospital as well as the uncounted local, national and foreign specialty meetings, and our continuing student program.

As Chief of Staff I am more cognizant than most of the loyalty and real assistance constantly given by Trustees, Managers, the Club, volunteers, supervising and patient care nurses, aides, secretaries and others, many with years of service to their credit. Here is one of the few locations where I can give my appreciation visibility.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

Another chapter has been completed in the year just passed of the Vincent Memorial Hospital's life, and the activities of its Board of Managers.

Preceding our September meeting, the morning coffee hour given for the doctors in the post-graduate course focuses our attention on the impressive reputation the Vincent Hospital teaching Staff has with gynecologists all over this country. When sixty of them now come for a rigorous course every year, we realize how widely the influence of this hospital stands.

In October, after two years of concentrated work, and considerably more of preliminary discussions, the first official Vincent Hospital Volunteer Department went into operation. Miss Elizabeth Rackemann is its professional Director, and brings to the position, not only her experience in volunteer programs, but as an invaluable member of the Vincent Club, and of this Board, an extensive knowledge of the membership and the Hospital.

Limited to members of the Vincent Club, over 700 hours have been given since the program started; and from the medical and nursing staff, we hear constantly that they do not know how they have managed without the Vincent Volunteers.

The November meeting was, as always, preceded by the birthday coffee party for the whole Hospital family. This pleasant occasion annually celebrates the establishment of the Vincent Hospital in its present building, now well into its 21st year. At this time we are able to make closer contact with new members of the staff, particularly the nurses and doctors who are often with us for all-too-brief a period. This is one of the many felicitous aspects of our small, cohesive unit, and we appreciate these opportunities for closer communication and service.

In December, we had the privilege of hearing Miss Mary E. Macdonald, Director of Nursing of the MGH, speak in the most straight-forward and illuminating manner about the problems of nursing in general, and the MGH in particular. The Vincent Hospital has been chosen, again for its size and unusual esprit de corps, for unit studies and time plans.

Dr. George Richardson, head of the Vincent Hospital Laboratory, spoke at the January meeting, giving the board an idea of some of the immensely complicated research going on there.

February brought the "winter of '69" and the meeting, like many another, was cancelled. There was negligible effect on the full coverage of the wards by faithful staff, who did everything including skiing to go to work.

The special function of the Board in visiting the patients on the wards, continues as a strong contribution to their care. The concerned, objective visitor, does much for the anxieties and distress, that can only be aleviated by this particular type of service.

Thus, as the chapter comes to a close, we can look back on a year of increased service to the hospital, from staff, volunteers and Hospital Board. Constantly the direction of effort is toward the best possible treatment and care of the patient. One of the most challenging characteristics of this hospital, is that as each year comes around, we know there will be more opportunities for service, inspired by the quality of thought, and the depth of concern that is brought to the Vincent Memorial Hospital, by its loyal family.

To the Hospital staff, the trustees, and the Vincent Club, go increasingly my admiration and gratitude for the standards of excellence, and the constant source of inspiration that makes service on the Board a unique privilege.

MRS. COURTENAY CROCKER
President, Board of Managers

Report of the Department of Nursing

During the past year, the Department of Nursing has been influenced in no small way by the quantitative and qualitative demands for health care placed upon the institution at large. A number of phenomena continue to plague us in our effort to design and implement an effective system of delivering nursing care throughout the services of the Hospital. Notable among these are the accelerated pace of technological and medical advances; the continuing redistribution of new and expanded responsibilities to the nursing practitioner; the qualitative shortage of professional nursing personnel; the continuing expansion of specialized care units; and the radical turnover rate of nursing personnel.

On October 1, 1969, full-time Departmental employees number 1,126, as compared with a total of 997 on October 1, 1968. But during the year, a medical intensive care unit had been opened on Baker 6, a stroke unit on Baker 4, and the care-taking operations in the Cardiac Surgical Unit on Warren-Baker 12 had been intensified and the number of registered staff nurses in the Baker doubled. At this time, recruitment of nursing staff for the two new intensive care units on Gray 3A is well underway – with an anticipated need of some 90 nursing personnel to staff these additional twenty-four intensive care beds.

Although our recruitment efforts have been most successful, the turnover rate remains high. During the year, a total of 847 new full-time personnel were employed. Of this number, 519 were registered staff nurses, 85 were licensed practical nurses, and 225 were nursing assistants. These numbers represent an increase of 94, 2, and 3 respectively over the previous year.

In this same period, a total of 702 full-time personnel terminated their services. Of this number, 363 were registered staff nurses, 82 were licensed practical nurses, and 212 were nursing assistants. These numbers represent a decrease in turnover rate of 5% for registered staff nurses and 3% for licensed practical nurses.

A comparison of the allocation of nursing personnel by building on October 1, 1968 and October 1, 1969 is shown in the following table:

Comparison of Staffing Statistics by Building or Service on October 1, 1968 and October 1, 1969 – Full-Time Personnel

	Staff Nurse		*L.P.N.*		*Nursing Asst.*		*Total*	
Building/Service	*1968*	*1969*	*1968*	*1969*	*1968*	*1969*	*1968*	*1969*
Baker	76	136	79	62	21	25	176	223
Bulfinch	55	62	6	10	29	32	90	104
Burnham	49	58	10	11	2	1	61	70
Clinics*	21	22	1	0	2	10	24	32
Operating Room	46	51	4	5	42	52	92	108
Recovery Room	30	54	-	-	4	5	34	59
Phillips House	85	97	18	18	11	8	114	123
Vincent	11	15	6	8	16	9	33	32
White	128	145	23	36	41	44	192	225

*includes Bunker Hill Health Center

Marriage, school, returning home, and travel lead in the reasons given for termination. We believe that there are other factors involved – such as lack of job satisfaction, heavy work load, physician-nurse and nurse-nurse relationships. Our reorganization efforts are aimed at the correction of the myriad of causative influences inherent in the latter.

This report would be incomplete without the expression of appreciation to the Personnel Department staff for their monumental contribution to our recruitment and retention efforts. Without their interest and support the advances mentioned above would not have been possible.

As one looks from within on the macroscopic health care scene, the question of our continued utilization of increasing numbers of professional nurse manpower must be raised. With not enough to go around, how do we resolve the problem of meeting the nursing needs of the many – as compared with the few? During the past year, an interdisciplinary subcommittee of the Committee on Teaching and Education has served as a forum for the discussion of role, function and preparation of paramedical health manpower within the Hospital, and some progress has been made in this area.

Nursing Service

During the past year, a number of departmental innovations and developments have influenced its overall operation. Notable among these are:

– The appointment of an Associate Director of the Department of Nursing. Miss Gellestrina T. DiMaggio accepted this newly-created office in August, 1969. A graduate of the Connecticut College for Women, the Yale University School of Nursing, and Teachers College, Columbia University, Miss DiMaggio brings to this position an impressive background of clinical and administrative knowledge and expertise. Most recently, she held the position of Professor of Maternal and Child Nursing at the University of Massachusetts School of Nursing. In two short months, Miss DiMaggio has become a viable force in the Department's operation and we look forward to her expanded and continuing contributions to the Department's multifacet efforts.

– The appointment of Miss Ethel Brooks as the first Visiting Fellow in Nursing. In September, 1969, Miss Brooks completed 28 years of service at the Hartford Hospital, the last 27 years as the Director of Nursing Service and the School of Nursing. Miss Brooks is a graduate of the Massachusetts General Hospital, Class of 1926. Her primary focus of interest is the study of the delivery system of nursing care on the medical units of the General Hospital, with special emphasis on the pattern of utilization of nursing personnel.

– The expansion of the Nurse Clinician corps. In 1968-69, the number of Nurse Clinicians reached 20. These clinical nurse specialists provide leadership in the assessment of the nursing problems of individual and groups of patients, and in the subsequent planning, implementation and evaluation of the nursing care rendered to them. They continue to prove themselves as creative and innovative forces in improving the dimensions of nursing practice in the various in-patient and ambulatory service areas. The avant-garde position of this Department in the utilization of the clinical nurse specialist is attested by the substantial number of applications for appointment; the attention given to our program in the nursing literature; and the number of requests from outside investigators to study the impact of these functionaries on the qualitative aspects of health care delivery. The Department is both proud and appreciative of the outstanding contributions of these staff members.

– The reorganization of the Recovery Room Nursing Service as an in-patient unit, administratively distinct from the Operating Room Nursing Service and under the direction of a newly-appointed

Nursing Supervisor. Concurrently, plans were made for the transfer of the Respiratory Intensive Care Unit from the Phillips House to new and enlarged quarters in the Gray Building and for the opening of a new twelve-bed Surgical Intensive Care Unit in the same location. The Department has been distinctly blessed in the recruitment of three eminently qualified Nursing Supervisors for these services. Pending the appointment of an Assistant Director of Nursing to administer Intensive and Special Care Units, these Supervisors report to the Director of the Department of Nursing. This report would be incomplete without a special word of appreciation to the members of the nursing and other hospital department staffs whose expertise and commitment made it possible to open these new units on target.

– Continued effort toward the improvement of intra-departmental communications. Since September, 1968, copies of the minutes of the meetings of the Department's Executive Committee – the standard-setting and policy-making body of the Department – have been distributed to the respective units for review by all nursing personnel. A nursing newsletter, *The General Heartbeat,* has been published quarterly since June, 1968, and distributed to all nursing personnel. The Department acknowledges its deep appreciation to its Editor, Miss Ann Mahoney, and to the members of the Editorial Staff for their continued effort and superb results. Cognizant of the need for a direct channel of communciation on matters of mutual concern with all members of the nursing staff, a Departmental Advisory Committee to the Director became operative in September, 1969. Committee membership consists of elected representatives from each nursing personnel category and each clinical service. The Committee will function under the direction of its elected Chairman and will meet monthly with the Director to discuss issues of mutual interest and concern.

– Continued support and implementation of the bed regionalization effort. The statistics presented elsewhere in this report will validate our earlier conjecture that regionalization of beds by Service would result in a more effective system of nurse recruitment and increased utilization of the clinical units as clinical practice laboratories for basic and graduate nursing students. The many expressions of satisfaction relative to the improved quality of nursing care from patients, families and physicians attest also to the effectiveness of this development.

During 1968-69, a Medical Intensive Care Unit and a Stroke Unit became operative in the Baker Memorial Hospital. In addition, the Kidney Transplant Unit and the Burn Unit on White 12 were established as autonomous units. In line with this, substantial progress has been made in the reorganization of the large clinical units in the White and Baker Memorial Buildings in the interest of decreasing the size of a functional unit to permit more effective delivery of nursing care.

– Continued exploration of and experimentation with the independent, dependent and collaborative role and function of the nurse practitioner. Recognizing that the unique contribution of the nurse is to provide direct service which enables individuals to cope with illness and grow toward well-being, and to provide the supervisory support which enables other nursing personnel to give this direct service, a substantial effort has been made to institute changes in the delivery system. Notably among these are:

1. The establishment of interdisciplinary health care-taking teams at the Bunker Hill Health Center and the Children's Clinic.
2. The initiation of a "therapeutic community" on Bulfinch 7.
3. The spread of this therapeutic concept by the rotation of nurses from and to this unit for specific intervals of time.
4. The experimentation with new patterns of utilization of nursing personnel, aimed at increased personalization of nursing care and the involvement of nursing staff in decision-making. Specific projects have been initiated on Bulfinch 6, Baker 5 and 6, and White 9, which have had a noticeable impact on the quality of nursing care.

– The appointment of two additional therapeutic recreational workers. One of whom will have responsibility for the initiation of a recreation program in the Bulfinch Building – and the other will concentrate her efforts in the Rehabilitation and Burn Units.

– The appointment of a qualified Director and Supervisor of Nursing at Storrow House, the extended care facility operated by the hospital.

– The expansion of care-taking operations at the Hospital's two satellite health clinics. The activities at the Logan Airport Medical Station continue to increase. During the year, 17,614 patients were seen – an increase over last year of 3,543 patients – despite the discontinuance of the night tour of duty. The staff of the

Bunker Hill Health Center in Charlestown, which opened informally in November, 1969, now numbers ninety-two, including nine nurses and three health center assistants. At this writing, approximately 6,000 registrations out of a population of 16,000 have been made. In terms of the numbers of people served, improved services of several kinds – well-child, dental, acute episodic services, general community impact – have been rendered.

– The administrative severance and transfer of personnel, with separate but cooperative admitting arrangements, from the Clinics to the Massachusetts Eye and Ear Infirmary. This development will mean a considerable adjustment in the administative burden of the Clinics' nursing and other staffs.

– The expanded use of computerization in administrative and patient care-taking operations. Nursing personnel have been intimately involved in the development and implementation of computerized systems in the areas of patient history, appointment scheduling, patient location and condition reporting, physiological monitoring, and intravenous drug administration.

– The increased demands on the part of the community to obtain certain ambulatory and in-patient care-taking services. Nursing personnel have been involved in meeting the challenge of the current societal problems of drug use, alcoholism, venereal disease, abortion and emotional problems. Meeting the nursing needs of these patients has placed a uniquely heavy onus on both the ambulatory and in-patient nursing service.

Nursing Education

The Department of Nursing's involvement in educational programs and related pursuits can be categorized as follows:

1. Planning for and coordinating the utilization of the in-patient and ambulatory services of the Hospital as learning laboratories by a variety of basic and graduate nursing education programs.

2. Planning for and implementing a number of basic instructional programs for a variety of nursing and related health care functionaries.

3. Organizing and implementing continuing position-oriented instructional programs for all nursing personnel, including both orientation and continuing education offerings.

4. Providing consultative services and observational experiences

to a myriad of seekers from within and without the country. The major activities of the Department during 1968-69, in realtion to each of the above-mentioned categories, are summarized in the following paragraphs.

Nursing Education Programs

A total of 477 basic nursing students were assigned to the respective clinical units of the Hospital for clinical nursing experience. Of this number, 343 were from the Massachusetts General Hospital School of Nursing; 24 were from the Northeastern University School of Nursing baccalaureate program; 50 were from the Northeastern University School of Nursing associate degree program; 40 were from the Shepard-Gill School of Practical Nursing; and 20 were from the Boston Trade School of Practical Nursing.

A total of 16 graduate nursing students were assigned to the respective clinical units and/or services for selected learning experiences. These students were Master Degree candidates at the Boston University School of Nursing, in programs preparing for Nursing Administration, Nursing Supervision and Rehabilitation Nursing.

A cooperative agreement was made with the Boston College School of Nursing to provide clinical experience for a total of 48 senior baccalaureate nursing students in 1969-70. It is anticipated that this contract will be renewed for 1970-71.

At the request of the General Director, the Department of Nursing conducted an investigative study on a proposal from the Board of Directors of the Shepard-Gill School of Practical Nursing that the ownership and governance of this School be transferred to the Massachusetts General Hospital. At this time, a contractual agreement has been made by the two agencies for a transfer of ownership effective July 1, 1970. The intent of the Hospital is to operate the School as an autonomous educational unit under the administrative egis of the Massachusetts General Hospital with its own faculty, educational facilities and resources.

Recognizing its inherent responsibility as a integral part of a medical teaching center to participate in the current effort to expand and improve nursing education programs, the Department remains committed to the activities described above. At the same time, it remains firm in its conviction that the nursing needs of patients, as opposed to the learning needs of students, will be given priority in the ultimate decisions relative to the utilization of the Hospital's

clinical units by nursing education programs.

The loci of action in the implementation of the Hospital-centered basic instructional programs have been the Staff Education Department, the Operating Room Nursing Service and the Bunker Hill Health Services.

Between October, 1968 and February, 1969, the Department of Nursing, in cooperation with the government-sponsored Health Services Training Program, conducted four five-week training programs for the preparation of Nursing Assistants. Twenty-nine of a total of thirty-six enrollees completed the programs and were subsequently employed by the Department. After February, 1969, the government contract was not renewed. However, the Department plans to admit a class of twenty-four Nursing Assistant Trainees in January, 1970. Instruction will include preparation for functioning in intensive and special care units. In the summer of 1969, the Staff Education Department repeated a special Hospital Aide training program for student chaplains. Twelve students enrolled in the School of Pastoral Care completed this course of study.

The twenty-week training program for the preparation of Surgical Technicians for the Operating Room was continued in 1969. Since its inauguration in March, 1968, a total of 21 Surgical Technicians have been prepared; 16 graduates of this program are currently employed in the Operating Room.

The Pediatric Nurse Practitioner Program of the Massachusetts General Hospital deserves special mention in this report. Characteristic of the awareness and responsiveness of the Hospital's staff to the broad challenge of delivering qualitative health care in the quantity needed, this program was first conceived, planned and executed by the Clinics Nursing Department in early 1968, in collaboration with other related disciplines. Its primary objective is to enhance and expand the role and function of the professional nurse in Ambulatory Pediatric Care. The initial concept was nurtured and expanded as one part of a project related to the training and recruitment of allied health manpower in the area of pediatric care, which was developed by Dr. Alfred Yankauer and supported by extra-hospital funds. During the year, the Program – an action-oriented training program for nurses in the area of ambulatory pediatric care-taking – has attracted wide attention and engendered substantial interest among nursing and related health care groups. Press releases have been numerous; several papers have been published; and Program

staff participating in national, regional and local programs has been extensive.

In October, 1968, the Program staff moved to offices in the Bunker Hill Health Center. As a result, a close collaborative association between the Center and Program staffs has developed to the end that both the training program and the Center's nursing service have been mutually benefited. During the year, two sixteen-week courses for registered nurses were organized and implemented and 31 registrants were awarded certificates, bringing the total of graduate nurses thus prepared to 50. A third course was inaugurated in September, 1969 with 19 registered nurse enrollees. Currently, a collaborative merger with a local University is being explored. We believe that this Program represents one small but important contribution of a service agency to the solution of the widely-publicized issue of health care delivery, and we are deeply grateful to Dr. John Connelly, Dr. Alfred Yankauer, Miss Ruth Farrisey, Miss Priscilla Andrews and the other members of the Program and Center Staffs who have contributed so much to its success.

Orientation and Continuing Education

A review of the statistical report presented earlier in this report should give the reader some insight into the onerous nature of the demands placed upon the Department in the area of continuing orientation and instructional offerings for all nursing personnel. During the year, a total of 604 newly-employed staff nurses and licensed practical nurses participated in the two-week orientation programs which are offered throughout the year; in September alone, a total of 200 nursing personnel were oriented to the Hospital and its various units. This major teaching effort is organized and coordinated by the Staff Education Department, with the assistance of the Unit Teachers, Nurse Clinicians and nursing unit administrative personnel. The Unit Teacher position category, created on an experimental basis in September, 1968, was continued in September, 1969 on the basis of evaluative findings. These staff members, under the general direction of the Supervisor or Head Nurse, and in collaboration with the Staff Education personnel, work directly with the individual staff members in assisting them in planning and implementing patient care. These teachers are available to staff on the day, evening and night tours of duty. There is ample evidence of the fact that their support markedly lessened the trauma and frustration of the

adjustment phase of new staff members, and there is reason to believe that their presence was a factor in the reduction of the attrition rate in 1968-69.

The continuing education offerings of the Department were expanded in 1968-69; coordinated under one general teaching calendar for all services and buildings; and extended to include regular programs for evening and night personnel and for ancillary personnel. These offerings ranged from unit-oriented instructional sessions for nursing personnel to broader interdepartmental teaching programs. Since a complete report is impossible here, the following are offered as examples of the Department's activities in this area:

– Twenty clinical work conferences, emphasizing the specialized aspects of patient care-taking, were planned and administered by the Staff Education Department. These conferences were attended by a total of 390 nursing personnel. Included in this number were four three-week Cardiac Care Clinical Work Conferences, in which 142 registered nurses participated.

– Early in 1969, Nursing Assessment classes were initiated. The purpose of these sessions is to introduce and provide collaborative practice in the techniques of nursing assessment, a basic component in the planning of patient care. To date, a total of 387 nurses have participated in these sessions.

– In July, 1969, a Fire Preparedness Training Program, offered by the Staff Education Department in cooperation with the Boston Fire Department, was attended by 146 Hospital employees.

– In June, 1969, the Staff Education Department, in conjunction with the Maintenance Department and the Hospital Safety Officer, initiated work with the Situational Training Corporation on the development of a series of programmed instructional audio-visual tools for use by hospitals and other health agencies. To date, the Fire Prevention Program, filmed at the Hospital, has been completed. Miss Elizabeth Grogan, of the Staff Education Department, has served as the Department's coordinator of this effort.

– Closed circuit television teaching programs have been developed for the nursing personnel at the Logan Airport Medical Station. Plans are underway for the inauguration of a similar cooperative teaching program with the Veterans Administration Hospital in Bedford, Massachusetts.

– A Development Program for Nursing Supervisors was inaugurated in January, 1969. A similar program for Head Nurses is in the

planning phase.

The Nurse Internship Program was inaugurated in September, 1968, to provide the beginning practitioner in nursing with opportunities to extend her knowledge and skill in selected areas of nursing practice within the work locale of a medical teaching center. Seventeen baccalaureate degree nurses enrolled in this program, of which ten are currently employed by the Department. A second group of Nurse Interns started their program on October 6, 1969.

The many requests for consultative and teaching services and observational experiences place an inordinate burden on Department personnel. Our records show an increase in this area of activity over 1968-69. The Department is especially indebted to the Staff Education Department and to the Nurse Clinicians for their willingness to assist in the provision of the requested services.

This section on Nursing Education would be incomplete without commenting on the outstanding cooperation and support of the Administrative Officers and of the Physician Staff in the planning and implementing of the programs described above. The Administration has been most generous in the provision of the personnel, facilities and resources necessary to implement the teaching function of the Department. Visiting men and House Staff have given generously of their effort to the teaching sessions. In addition, significant contributions have been made by individual physicians and collective services toward the purchase of teaching equipment, books, and toward extramural conference expenses. The Department is deeply grateful for this interest and support.

Nursing Studies

In September, 1968, an Office of Departmental Studies was established under the direction of two nursing research analysts to assist in the identification and analysis of selected problems being encountered by nursing personnel. During the year, in collaboration with nursing and other Hospital representatives, this Office has:

- conducted a series of studies in the area of staff utilization, allocation and control.
- initiated a computerized program of nursing personnel data.
- conducted a series of experimental studies on equipment and supplies recommended for use on the clinical units.
- initiated and maintained an on-going study of unusual occurrences in the patient care areas.

– served as resource personnel to nurses involved in a variety of clinical studies.

The contribution of this Office to the improvement of management and the quality of nursing care has been noteworthy.

A study grant from the American Nurses' Foundation marked a first in the history of the Department. Miss Carolyn Bascom, a psychiatric nurse clinician on the private services, was granted funds to investigate the impact of myocardial infarction on the physical and emotional well-being of men under sixty.

In addition, Departmental personnel have been most cooperative in their willingness to participate in a host of studies conducted by outside individuals and agencies.

Concluding Statement

This report marks the close of my first year as Director of this Department of Nursing. To say that it has been a busy and challenging one is indeed an understatement; but to say that is has been the most personally and professionally satisfying year of my career is the truth. For this I am deeply indebted to the Administrative Officers, the Chiefs of Service, the Physician Staff, the Department Heads and their Staffs. Their interest and support have been a source of personal edification and strength. A word of special thanks is due Dr. Neumann, without whose sage advice and counsel, I would have been lost; Miss Lepper, without whose assistance the fiscal accounting would have been a disaster; the Assistant Directors of Nursing, whose faith and loyalty were a continuing source of sustenance; and each and every member of the nursing staff, whose dedication and commitment are the *sine qua non* of the Department.

MARY E. MACDONALD
Director, Department of Nursing

The School of Nursing

Considering the magnitude of the unmet nurse manpower needs in the country today and projected for the future, the Massachusetts General Hospital School of Nursing, with the support and encouragement of the Trustees and Administration of the Hospital, was most fortunate in realizing an increase in both the size of the graduating class and in its total enrollment of well qualified students. It remains one of the largest schools of nursing in the country, though size alone does not justify its existence.

As documented in the December, 1967, report of the Program Review Committee of the Nurse Training Act of 1964, as well as in statewide studies of resources, the danger remains that hospital schools of nursing of good quality will close before there are adequate alternative resources. In the report mentioned, sponsored by the United States Public Health Service, estimated admissions based on current trends appear to be only one half of the admissions required to meet the projected need for 1,000,000 registered nurses in 1975. The faculty of the School of Nursing accepts as its mandate, for the immediate and foreseeable future, the need to continue its diploma program, strengthening its soundness and adapting to changing trends and changing needs of the learner and the future practitioner.

A total Faculty Workshop in June, 1969, served to explore critically some needs for immediate curriculum change, to improve communications among and understanding of goals of various faculty groups, and to consider and project future directions of the School of Nursing. While recognizing the merits of providing courses for which the students may incidentally earn college credit(s), the high quality of existing courses, the size of the student body, the cost of college courses, the benefits of having well qualified teachers for general education courses a part of our full time faculty, and the fact that those graduates who have undertaken them have achieved well in challenge examinations on the baccalaureate level, are all factors contributing to our decision not to seek college sponsored courses for our students at this time.

It is our hope that colleges and universities will further develop and use equivalency examinations for evaluating knowledge, understandings and skills, thereby awarding academic credit in lieu of

formal course work for those who wish to earn a college degree. Since it is possible for students enrolled in our program to take courses also, on a voluntary basis, on the baccalaureate level, and since approximately one fourth of our students have attended college prior to entrance, the students, in answer to a questionnaire, voted that the School not require as part of its curriculum an English Literature course and college credit, but rather to allow the freedom of elective pursuit of various liberal arts courses at neighboring institutions of higher education.

The faculty has contributed on the State level to the work of an *ad hoc* committee of the National League for Nursing to "describe the expected competencies, roles, functions or behaviors of the graduate of diploma programs; define the breadth of diploma preparation and its limitations as related to the development of the individual as a person and as a future practitioner of nursing; and specifying the needs of the graduate of diploma programs when he/she functions as a beginning R.N." Clarification of the essential nature of diploma programs (to the extent that generalizations can ever be made), and of the perceived contributions which such graduates can make to nursing, is needed when interviewing and counseling applicants so that they may be guided and directed into the type of initial program best for the individual.

Because of the many variables and some uncertainties surrounding nursing education and nursing roles of the future, and because the United Community Services Careers in Nursing recruitment program has been discontinued, much more time, skill and understanding is necessary in Recruitment and Admissions Programs. To this end we have been fortunate in expanding our counseling staff to participate more actively in recruitment not only for our program but for all nursing. We shall need to expand this service further, and to provide for visits to secondary schools and career programs within the New England area, not to compete with other schools of nursing, but to make potential applicants aware of the opportunities within our program and to attract those qualified individuals who might otherwise not pursue higher education or a career in Nursing.

Statistics kept in relation to scheduled interviews with applicants show that many of the counseling hours did not produce potential M.G.H. students but supported the need for sound counseling into appropriate programs to reduce attrition and career disappointment. The nature of the interviews varied from actual M.G.H. applicants,

information about nursing programs, counseling following rejection of application to this School, assisting individuals with degrees or practical nursing licensure to seek appropriate programs, and how to acquire the proper courses or high school equivalency for admission to a school of nursing. Approximately 78 percent of the individuals interviewed entered professional nursing; five individuals entered practical nursing programs.

Follow-up studies on those candidates not accepted or withdrawing applications to the School of Nursing in 1968 were continued in order to evaluate, refine and improve our admissions policies and practices. To this end we also participated in the Recruitment and Admissions Survey Involving 1,700 Freshmen Student Nurses in the Greater Boston Area sponsored by the United Community Services Nursing Council to determine applicants' impressions of admissions practices in schools of nursing.

Some changes made in admissions policies or practices included: (1) removing the upper age limit of 35 years to allow for flexibility; (2) setting the maximum size of the entering class at 135 because of limitation of clinical experiences in some areas, hazards to maintaining quality with too large numbers, and an unusually low attrition rate which we have fortunately experienced last year and this year thus far; (3) use as part of admissions data of the Test of Effective Academic Motivation, devised by Dr. Gene Smith, as a result of Peer Study data collected over many years at this and other schools of nursing. We believe that there are motivation factors which compensate for (or seem to contradict) low scores on other standardized tests, and after careful consideration admitted two students on the basis of TEAM results whom we normally would not have accepted. (4) Waiver of certain entrance requirements (such as standardized tests) for otherwise qualified individuals with unique life experiences that warrant individual consideration.

Interest in the School remains high among a large number of young people who for various reasons prefer this type of program, prefer not to go to college, or have left college seeking an educational program with a large component of career related field experience.

Bulletins of the School, totaling 5,691, were sent to secondary schools, college libraries, agencies and individuals in 45 states in addition to those mailed on request to four provinces in Canada, the West Indies, England, the Philippine Islands and several countries in Africa.

A record number, for recent years, of 376 applications was received and admissions had to be closed in early July, with a waiting list, a rare occurrence.

Of the 133 students admitted there were 124 women and 9 men, ranging in age from 17 to 44. For the first time in many years two thirds of the entering class came from Massachusetts, the remainder from other New England states and New Jersey, New York, Maryland, Nebraska, Oregon and California. Among the 36 freshmen who had attended college prior to entrance, 34 different colleges were represented, two had earned B.A. degrees, one, M.A., another is a Ph.D. candidate at a local university, while three have earned A.A. degrees, and one is a Licensed Practical Nurse. Seventy-seven percent were in the top two-fifths of graduating classes ranging in size from 25 to 1,000. The mean verbal and level I Mathematics scores of the CEEB SAT were 536 and 518, respectively, somewhat lower than past years but nevertheless representing some very strong aptitude.

Though the students share a common career goal they are a very heterogeneous group in many respects, responding to individual guidance, classes and laboratories in small sections allowing for seminars, discussion, and exploration of concepts and advancement at different rates, and to individual and group tutoring. While neither practical nor possible in all instances, the teachers prefer small groups with multiple sections though this creates a very heavy teaching schedule for them in addition to individual tutoring and many other faculty responsibilities which inevitably then must be met in evening hours and "days off." Communications amongst faculty groups, attendance and participation in committee meetings, preparation, study, course evaluation and revision are sometimes seriously handicapped by very heavy teaching schedules. Plans for curriculum revision are being directed toward some of these problems, as well as the more fundamental one of selecting, organizing and planning for appropriate and necessary learning experiences.

While tuition and fees have increased only slightly (a twenty-five dollar health fee this year), requests for financial aid have increased both in number and size of requests. Extra costs related to commuting to cooperating agencies, field trips and observation fees, and meals at cooperating agencies have increased the students' financial responsibility. More students are seeking employment and for more hours per week, which for some may present a threat to health, general well being, and ability to achieve in the program and

to meet its objectives.

A comparison of financial aid, through the School of Nursing, for 1965 and 1969 illustrates past increases which we expect will continue in the future. It is likely that the faculty will also recommend an increase in tuition and fees because of rising program costs.

	Sept. 1965	*Sept. 1969*	*Comments*
Awards	63	125	More requests received than awards made.
Scholarship Total amounts	$ 1,500.00	$ 9,450.00	
Grant-in-aid (Remitted tuition)	$20,000.00	$ 8,000.00	Decreased remitted tuition expense to Hospital as more loan and scholarship funds available.
Federal Nursing Student Loans	$16,000.00	$34,000.00	
Federal Nursing Student Scholarships	Not available	$44,000.00	Though we requested $55,000.00 with some assurance that we would receive it, thus far only $25,000.00 has been awarded to us since funds have not been appropriated by Congress and consideration being given by that body to decreasing scholarships funding and increasing loans.

The above illustrates only awards made by the Financial Aid Committee at the beginning of the school year; additional amounts are granted for emergencies to allow students to continue in the program. There are also obvious difficulties in basing such a large proportion of our awards on a source as uncertain or fluctuating as federal funds. If it were not for the School's own Scholarship Funds, and scholarships from interested groups such as the Alumnae and community organizations, many students would be seriously handicapped, possibly unable to continue. Further developing and implementing the Financial Aid program of the School will continue to be a major concern. Criteria for making awards will be re-evaluated. Additional sources of funds need to be explored.

The addition of two full-time prepared counselors and of a full-time secretary enabled us to organize the Student Personnel Services, under the direction and coordination of one of the four counselors, Richard Tierney. Increasingly busy with details of admissions and recruitment, financial aid and student activities, we had been unable to provide the kind of counseling and guidance services to students which are seriously needed and sought; nor were the Counselors able

to serve as resource people to the faculty, concerned as advisers and teachers of students. The Student Personnel Services includes the areas of admissions and recruitment, financial aid, individual and group counseling and guidance of students, student health, and residences. We anticipate being able to improve and expand our services in each of these areas, and as a by-product will also be able to relieve the teaching faculty of some of these functions and the details in relation to planning student activities and ceremonies.

Our ability to provide or to assist students in obtaining mental health services presents some problems (partly in terms of costs), being studied with the fine help and understanding of Dr. Robert Bragg, Associate Psychiatrist. There is a need for coordinating and in some instances expanding the various aspects of mental health services provided, so that students facing certain concerns or crises will be able to cope and deal effectively with the confronting problems, and to continue, if possible, in the program.

With careful preplanning our residences were able to accommodate thirty more students, necessitated by the fact that the McLean Hospital no longer provides housing for students receiving clinical experience there. Since we have also provided temporary housing for graduate nurses and student practical nurses, there are times when the house capacity is taxed. If student enrollment continues at a high level and if more men students are admitted, we shall need to consider housing men and women students in the same residences, and there will also be fewer rooms not needed by students; this has implications for providing rooms for graduate nurses during peak occupancy weeks in September.

The policies and rules related to residence living were completely reviewed by a student-faculty group, and their recommendations for changes were endorsed by the total student and faculty body. Students have membership on many of the standing committees of the faculty, and there is evidence of the values of having students and faculty exploring and working out together solutions to common concerns and problems, and maintaining open channels of communications.

Out of a total of 59 faculty positions, 17 vacancies had to be filled this past year, representing a slightly lower turnover than some years. However, in some instances there are several vacancies in the same course, and some needing to be filled with qualified but less experienced (with us) teachers. With the appointment of a Co-

ordinator for Curriculum Development and Educational Resources, realigning the responsibilities of other faculty coordinators and the appointment of two new course chairmen, we hope to be able to provide more leadership and support, better orientation to the School and its program, and a program of faculty development particularly for the new faculty, and to assist them in developing skills as faculty members as well as being teachers.

While it is our belief that all of us as faculty must pursue a plan of ongoing, self-directed or formal study, for which the tuition aid plan offers further incentive, those faculty attempting to earn a master's degree find serious limitations at the university level in planning a part-time course of study. Thus each year we can expect to lose faculty either on a leave of absence or resignation basis to complete master's study.

Our aim is to build a larger group of leadership faculty, adding some stability along with the ability to bring about change in knowledgeable and constructive ways. Considering the nationwide lack of prepared nurse-faculty, a critical situation enhanced by the rapid opening of some new schools of nursing, we were fortunate indeed to fill all of our vacancies in a relatively short time. However, much time is spent interviewing and screening applicants for teaching positions, sometimes several for one position. In addition to those appointed, we had approximately thirty inquiries or applications from others seeking faculty positions, making it possible for us to select from amongst the most qualified.

Curriculum changes instituted this past year include: (1) development of a course in Psychiatric Nursing by our own faculty; (2) further progress toward developing a Maternal-Child Nursing course rather than just the two separate entities of Pediatric Nursing and Maternity Nursing, and in conjunction with this utilizing the added clinical resources of the Shriners Burns Institute, Boston Unit, and the Boston Hospital for Women, Lying-in Division; (3) complete revision of the Nursing course in the senior year, building more effectively on all prior basic nursing experiences and expanding and developing the content at an advanced level with better correlation of theoretical and clinical experience; the changes also resulted in an August Graduation in 1969 and a projected June Graduation in 1970; (4) making the course in Operating Room Nursing a requirement of the junior rather than the senior year; (5) reduction in the repetition and compartmentalization of all course content,

with still better spread and integration of science content throughout the program.

Teachers have prepared laboratory manuals for the Physical and Biological Sciences. A broader and deeper science base, necessary in terms of the advances in nursing and medical technology is being built into the junior and senior year courses. More of a focus on Community Health is being planned, the faculty experimenting with and searching for new kinds of experiences to help the students appreciate continuity of care and the health needs of people in the community.

As the complexities of patient care increase and the nature of the clinical practice field within the Hospital changes, and as regionalization of patients occurs, it becomes difficult to find the appropriate basic or first level experience for students, and we are exploring the use of Extended Care facilities or other agencies for certain types of experience. As the number of students which can be assigned to a unit is limited for a given period, and as students must be assigned to a greater variety of units or agencies for experiences, the need for more faculty must be anticipated.

Further curriculum changes are being planned, and as we ponder the relevance of theory and clinical laboratory experience, the organization of the curriculum in a meaningful way, availability, utilization and costs of educational resources, and new teaching methods, we must remember the student as a learner, each with unique needs and capacities. The selection policies for students entering the School and the nature of the curriculum are interrelated and interdependent. Each year we encounter students who for various reasons progress more slowly in achievement of course objectives or in clinical competence per se. For these students, in particular, who show real progress and effort and who have "run out of time" rather than potential, a number of questions must be answered. Among these are: questions of evaluation, of what is a "passing" grade, of what extent the curriculum can provide for or encourage progress at different rates and with different experiences with individual attention and tutoring, and of how flexibility can be further built into the program without sacrificing standards.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

School of Nursing

September 30, 1969

Full time faculty	58
Nurses	51
Non-nurses	7
Part-time Faculty	2
Nurses	1
Non-Nurses	1
Nursing Students (M.G.H.)	
Freshmen	133
Juniors	118
Seniors	93
Total	354

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

The Advisory Council met seven times this year instead of the usual eight meetings due to the February storms.

The fall meeting started with the final report from Miss Natalie Petzold on the results of the Accreditation Committee's visit which gave accreditation to the School. The faculty was pleased with the outcome and will continue their ongoing plan of self-evaluation and improvement. The School will not be revisited until 1974.

The Parents' Day Programs held on two Saturdays in the fall, in which members of the Advisory Council participate, continue to be remarkably effective. Parents and friends of the second year students attend in large numbers and are visibly impressed by the student panels in which selected students describe their personal experiences in one of the six services they have experienced so far. This program provides tangible evidence of the high quality of faculty leadership and teaching ability.

Recruitment of nurses continues to be a national as well as a state problem, and special attention is now being given to the recruitment of the disadvantaged. The Council was given an opportunity to learn more about this latter effort in a talk by Richard Tierney, Counselor, who explained the ODWIN program. Translated this means Opening Doors Wider in Nursing, and is a program to upgrade the disadvantaged by means of tutoring and special classes in high school. Three ODWIN students are now at the School of Nursing and it is hoped that the number will increase.

Screening of applicants to schools of nursing is a closely allied problem, and we were privileged to hear about the research which Dr. Gene Smith, Psychologist in the Department of Anesthesia of the Massachusetts General Hospital, has been carrying out. Since his report to the Council two years ago he is now able to demonstrate that personality is an important determinant of success in nursing students. He has developed a list of "strength of character factors" which, when applied, show remarkable consistency in predicting nursing success. A self-report personality inventory has now been

developed and is administered to entering students.

The involvement of students in curriculum evaluation, a general concern in current educational planning and one of the problems faced by the National League for Nursing, was discussed by the Council following a presentation by Miss Petzold. Realizing the importance of student participation, the Council considered the possible involvement of students and recent graduates in meetings of the Council. Several students are invited throughout the year to report on their experiences, but it was felt that their presence on a regular basis might curtail the Council's activity. The School has student representatives on many of its standing committees which probably provides more opportunity for student productivity than attendance at Advisory Council meetings. It was suggested that at least one of the Alumnae representatives on the Council be a recent graduate, and also that recent graduates be invited to attend meetings to discuss the extent to which they thought the School program had prepared them.

At the annual luncheon meeting of the faculty and Council we had the delightful pleasure of hearing Miss Ruth Farrisey's report on the recently opened Bunker Hill Health Center in Charlestown, an area which has been sadly lacking in hospital and social services.

A change in this year's Maternal and Child Nursing experience for the students provides six weeks at the Boston Hospital for Women, Lying-in Division, in addition to six weeks at the Boston City Hospital. Since there is an agency fee for the use of the Lying-in Division facilities for student experience, the Council recommended to the Trustees Committee to the School of Nursing and Nursing Department that for this year only these additional expenses be paid for by the School, the money to be taken from the Scholarship Fund not the Endowment Fund. At the same meeting of the Trustees Committee, the Advisory Council representatives endorsed the proposal that consideration be given to the Massachusetts General Hospital assuming responsiblity for the Shepard-Gill School of Practical Nursing.

A committee of the Advisory Council appointed to study and up-date the by-laws of the Council's Organization Plan brought in their report which cleared up some of the uncertainties in the plan and described more explicitly the duties of Chairman, Vice-Chairman, as well as the committees appointed by the Chairman. To insure continuity the members of the Nominating Committee will

serve for more than one year, starting on a rotating system beginning 1969-70. At least one meeting with the Trustees Committee to the School of Nursing and Nursing Department must be held each year. The changes were passed and sent to the Board of Trustees for their approval.

It is with regret that the Council has lost the services of several members who, because of ill health or change of address, have been forced to resign: Dean Edmund McTernan, Mrs. Rowland Patrick, and Mrs. John Volpe. We are especially sorry to lose Mrs. Lloyd D. Brace who did not wish to be considered for a new term. Her years of service have been invaluable to the Advisory Council, and although she is now an Honorary Member, we will miss her active leadership. Mrs. Joseph Andrews, Alumnae Association representative, has been elected Chairman of the Council.

SIGRID A. EDGE
Chairman
Advisory Council of the School of Nursing

Report of the Social Service Department

The sixties have been a decade of major change for the Social Service Department. Marked advances in medical care, greater service required by the community, far reaching social legislation have been reflected in the Department. Twice as many patients are served annually compared to 1960. The Department has doubled in size. Our services are more appropriately distributed to teaching and private patients. More continuous care is provided following discharge through increased clinic staffing, the Transfer Office, home care programs and a community based health program in Charlestown.

During 1969 the Social Service Department served 654 more patients and families than the year before. A total of 12,442 patients were known to the staff. The help provided ranged from assistance with post-hospital planning and various concrete services to long and short term therapeutic interventions. The average monthly caseload for the Department was 2,526. Again this year more patients were followed in the clinics, emergency ward and in the community than in the hospital. The greatest increase occurred in the Emergency and Overnight Wards, an increase of 40 percent over last year. Private referrals were up 15 percent. Children's Services increased 20 percent, and referrals of staff were up 35 percent. Because these changing patterns had been anticipated additional staff was added in these units in the fall of 1969.

As pressures have been heavier on the hospital and clinics, a move has been made to provide comprehensive health services to the community of Charlestown through a satellite clinic; and the Social Service Department has been an integral part of this experiment in community health care. The Bunker Hill Health Center, established in the fall of 1968, is intended to provide a community with highly skilled, comprehensive medical services. The community of Charlestown is an area in which social problems include many elements of those typical of inner city poverty and middle class America. Among the 16,000 persons living in the area there is an unusually heavy proportion of elderly people living in isolation on limited incomes as well as a great many children who have suffered from the effects of limited resources because of environmental factors. Families frequently have little capacity to provide suitable opportunities for

their children, and the community has had a paucity of resources with which to give optimal opportunities for growth and development. With a few exceptions social agencies have within recent years given little direct help to Charlestown. The major services provided have been through the over-worked Welfare Department and the John F. Kennedy Center.

Partly because the need was clear and in consonance with the philosophy of the Massachusetts General Hospital, the nucleus of a strong social service department is a part of the Bunker Hill Health Center. Under the direction of Henry Sikkema and Miss Mary Kearney, two staff social workers and four experienced social workers, who are trainees in the Community Mental Health Training Program for Social Work, are providing social service assistance to patients of the Center in close collaboration with the physicians, nurses and the Mental Health personnel of the Center.

A unique arrangement has been developed with the Division of Child Guardianship in which a worker from their staff has been placed full time in our Unit where she is closely affiliated with our social workers. She is jointly supervised by the two agencies. John R. McGaughey and John E. McManus of the Department of Public Welfare made this experiment possible. Through our combined efforts children who need care are being identified, foster homes are being located in Charlestown so that those children whose parents are unable to provide for them can remain in their community and participate in continuous relationships with friends, schools and health care. Shelter care within the community is being worked out. The caseload of children being helped has increased fivefold.

An office in the building is also provided for the Department of Public Welfare. Meetings occur at regular intervals between their staff servicing Charlestown and our staff. Every effort is being made by both agencies to provide comprehensive and coordinated services. A large number of needful families have been referred by the Public Welfare staff to the Health Center. These collaborative efforts by public and private agencies have resulted in more continuous services, fewer referrals to and fro, with clear benefits for patients and reduced professional time and costs.

Another similar experiment between agencies, in this instance two private agencies, the Visiting Nurse Association of Boston and the Massachusetts General Hospital, has resulted in the development of a Coordinated Home Health Care Program for patients of the Hospital

who live in Boston and are able to make use of home health care services. Forty-two patients have been referred. Many of these patients would have required institutionalization were it not for this program. Clinical observation suggests overall satisfaction with results. The program is coordinated by our Transfer Office. Miss Joanne O'Brien, R.N. of our staff serves as the primary liaison with Miss Jacqueline Deegan of the Visiting Nurse Association. Dr. George Cohen is the medical consultant for the program. We are delighted to have this service to patients and pleased to share in this cooperative venture with the Boston Visiting Nurse Association.

The Transfer Office has continued to work closely with selected extended care facilities of Greater Boston. A few transfer agreements have terminated and one has been added. An extended care facility being built near the Hospital by private ownership will be completed by June, 1970. Many departments, including Social Service, have worked closely with the owners toward planning a facility which has the potential for offering excellent continuing care for three hundred patients.

Problems with the Implementation of Medicare and Medicaid: The great benefits of financial help to patients provided through the Social Security Amendments of 1965 and 1967 have been to some degree offset by the cumbersome aspects of the administration of the programs. The varying definitions of eligibility for extended care and many sets of guidelines for eligibility by the fiscal intermediaries have resulted in periods of confusion, delays in transfer of patients, and in some cases severe hardship for patients following retroactive denial of benefits. The restrictiveness of the law and regulations in providing care only for periods of acute illness and the exclusion of social and many psychiatric or emotional factors ignore the realities of old age. Characteristically the elderly ill person in our society has chronic illness underlying the acute problem, often has severe financial problems, lives alone, is isolated by age and infirmity from friends and relatives and frequently is depressed. Most of these factors are considered irrelevant when payment by Medicare is sought for post-hospital care. A patient is eligible for reimbursement for extended care only if skilled continuous post-hospital care is needed in conjunction with the acute condition for which the patient was hospitalized. In no instance does this payment extend beyond 100 days. Thus many elderly patients who need a high level of care are not eligible for Medicare's extended benefits or are only eligible

for a brief time and must often be moved from facility to facility dependent on the avenue of payment. The result of this is often decompensation of the patient's condition, rehospitalization and great extra cost.

The problems with Medicaid have been described fully elsewhere. They not only intertwine with the problems just enumerated but for the Social Service Department also cause many hours of frustrating delay in gaining necessary approvals for various aspects of patient care, duplicate billing and other cumbersome administrative practices.

An Experiment with Self-Evaluation: As indicated last year, the Department has adopted a method of systematic record review in order to examine the quality of our services to patients and the adequacy with which this is communicated through the medical record. A staff committee under the chairmanship of Miss Grace K. Nicholls meets weekly and reviews a random sample of the records of patients seen by our staff.

During the first year 125 cases were reviewed. The committee determined the patient care to be good or adequate in 107 cases. Questions were raised in 16 cases and 2 cases were considered inadequate. Recording was good or adequate in 84 cases, scant in 25, inadequate in 15 and not available in 1 instance.

One of the striking findings of the first year was that the committee found more problems with recording during the first six months than the latter six months. We are tempted to believe that one result of the review committee has been to motivate the staff to develop more efficient methods of recording.

Of the cases reviewed about one third were seen for three months or less, another third for three to six months. At the time of review, twenty-two percent were followed for a year or more. About half of the patients were referred for psycho-social evaluation. Often the family or personal problem was specified at the time of referral. The other half of the patients were referred because of identified need for environmental assistance related to medical care. Many of these patients, however, also required other help with complicated social and emotional relationships. Thirteen percent of the cases reviewed originated in the Medical Clinics, 12 percent in the Surgical Wards, 12 percent in the Medical Teaching Service, 12 percent in Psychiatry, and 10 percent in the Private Services. Pediatrics, Cardiac Clinic, Tumor Clinic and the Emergency Ward each represented 5

percent of the source of referral. The remaining cases reflected referrals from all other clinics and services. These figures reflect the annual statistics of the Department and tend to indicate that our random sample may be characteristic of the whole.

Teaching: The Department has continued its affiliation with the Schools of Social Work of Simmons College, Smith College and Boston College. A total of twenty-one students working toward the Master's or Doctoral Degree from these schools received their field placements during the year. In addition, two social workers participated in post Master's clinical training in alcoholism and five in the post-Master's training program in Community Mental Health. This latter program was transferred on July 1, 1969 to be administered by the Social Service Department in close collaboration with the Department of Psychiatry. As indicated earlier Miss Mary Kearney has undertaken the direction of the program. The clinical aspects of it are focused in Charlestown. It is supported through a training grant from the National Institute of Mental Health.

In-service training of the staff continues under the direction of Grace Nicholls. A major addition this year is a seminar in group methods led by Mrs. Margaret Frank.

Again this year $104,817.86 was expended by the Social Service Department in providing assistance so that appropriate medical care could be carried out. This is essentially the same amount as last year. A total of $40,570.18 of this was refunded by the Department of Public Welfare and families. Again the largest item was transportation of patients to and from the Hospital ($60,902.58). Camp and tuition costs amounted to $20,098.41. The largest share of the total cost was borne by the Edward V. Bird Fund. Funds managed by the Social Service Department or given to the Department by other trusts or funds expended $21,769.67. We are particularly indebted to the following for their generous help to patients: American Cancer Society (Massachusetts Division), American Cancer Society (New Hampshire Chapter), Boston Rotary Club, Boston Safe Deposit and Trust Company, John W. Boynton Fund, John Clarke Fund, Lotta M. Crabtree Estate, Fragment Society, Ladies' Visiting Committee of the Hospital, Lend-A-Hand Society, Charles E. Merrill, Jr. family, United Community Services, Frederick E. Weber Charities Corporation.

Dr. Edward L. Young, Chairman of the Social Service Advisory Committee for thirty years died on February 19. Dr. Young gave his

wisdom and friendship in generous measure. He will be remembered and appreciated as friend, advisor and during recent years as fellow worker in the efforts to improve our care of elderly patients transferred to other institutions.

Dr. Edward Bland was appointed Chairman of the Social Service Advisory Committee by the Hospital Trustees in April, 1969. Dr. Bland has been a member of the Committee since 1949. His willingness to accept the Chairmanship and role of advisor to the Department is greatly appreciated. New members appointed to the Committee this year are: Dr. Rita Kelley, Miss Mary MacDonald, Mr. Warren Pannell, Mrs. Martha Waldstein. Their assistance is greatly appreciated.

ELEANOR CLARK
Director of Social Service

Report of the Dietary Department

There is a certain constancy of change in the Dietary Department that denotes growth in many directions.

Current trends are clearly reflected in each emphasis: Special diet orders parallel the admissions patterns. As compared to the 1967-68 figures we note a 15-20 percent increase in orders for tube feedings, (and comparable requests for caloric intakes); a marked increase for sodium restriction; and a stable figure for new diabetic regimens and orders for caloric modifications. In the Burnham, the transfer of burn patients to the Shrine Hospital and a regrouping of patients has resulted in a sharp decrease in high-caloric-high-protein diets and a marked increase in formula feeding for infants. We note continuing (and increasing) use of professional staff time in diet counselling with patients and family members, as nutritional modifications are identified as valuable components of treatment in chronic disease.

Every unit has felt the impact of changing patterns, personnel turnover and spiralling costs.

A. The cafeteria census reflects additional numbers of people employed in new facilities and/or the restaffing of existing departments. Between April and October the meal count increased 8.8 percent.

In an endeavor to maintain our present standards and to better utilize both staff and non-professional time, without increased space for production or service, cycle menus have been developed for both patient and cafeteria meals. To date the use of "convenience foods" is minimal. We watch with interest the development of preprepared meals which at present do not meet our needs.

B. Several new pieces of heavy duty equipment have been purchased. The new automatic food slicer and a rack-type dish machine are effective time savers; an eight compartment stainless steel reach-in refrigerator affords safety and efficiency in the General Cafeteria; a double six-gallon coffee urn installed in the East Cafeteria makes it easier to serve the more than thirty "standing orders" for daily coffee-time supplies and to cater to the ever-increasing number of special functions.

The education and training of health manpower of various disciplines is of increasing concern as total numbers increase and

services proliferate. As a step toward developing the recommended "career ladders" and, "in order to protect the health, safety and welfare of the public by encouraging high standards of performance of persons practicing in the profession of dietetics," The American Dietetic Association established a professional register in June, 1969.

There are not enough Registered Dietitians. In an effort to afford opportunities for more qualified applicants, The American Dietetic Association requested an extension of the current quota for Dietetic Interns. The M.G.H. appointed two additional applicants this year for a total of twenty-seven interns.

With this expansion came opportunity for revision of their service rotation pattern to include three "off-campus" assignments:

1. *Bunker Hill Health Center*

One week's full time observation and participation in family-centered service is indeed an enrichment in the area of community practice.

2. *Veterans Administration Hospital, Bedford*

A two-week affiliation permits orientation to a neuro-psychiatric hospital of the Federal system. Comparisons and contrasts in food service systems management are a valuable facet.

3. *Servend-Seiler's Dining and Dietary Services*

A four day observation entitled "Food Management Field Education Program" permits additional valuable management comparisons.

Multiple relationships with these and other institutions and/or service agencies enrich our service program.

Members of our staff share their professional interest and expertise within the department and with other groups in the hospital and the community. The activities of The Massachusetts Dietetic Association receive strong support – and frequently leadership – from us; the 1969 President is Miss Verna Davis. We are represented on several inter/intra departmental committees, and participate regularly in orientation conferences for groups such as new staff nurses.

Two staff members have undertaken advanced academic work: Miss Agnes Richards is a candidate for a Masters of Science Degree in Nutrition at the University of Alabama. Spring semester, Miss Catherine Nagy attended a program at The University of Washington on Maternal and Child Nutrition and its implications in mental retardation.

The Dietary Staff and personnel continue to appreciate and

benefit from the Tuition Aid Program – twelve staff dietitians and thirty dietary personnel applied and were accepted for this privilege. Mrs. Gladys Berry, Diet Aide, enrolled as our first member of the Food Supervisors Correspondence Course, sponsored by The American Dietetic Association. Miss Mary Ann Boyle is serving as her preceptor.

In September the 5th International Congress of Dietetics met in Washington D.C. We were proud of our representation. Annie Galbraith attended as a member of the Council of The American Dietetic Association, Verna Davis as incoming President of The Massachusetts Dietetic Association and Petrina Mandella as our official representative. Nine other staff members were able to attend one or more sessions of that exciting meeting. The M.G.H., along with other Boston hospitals, welcomed sixty international visitors for a post-Congress tour. More than twenty-five dietitians from fifteen countries signed our guest list and toured various parts of our department, depending on specific professional interest.

As the year ends, we are continuing work on several projects – e.g., dietary services to Intensive Care Units, food service in the Phillips House, computerization of the patients' menu tally, plans for the Food Store in the Gray Basement, and pantries in Bulfinch and Vincent Burnham. Looking ahead to the future calls for commitments now that will largely determine service potential in the years ahead.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the Treadwell Library

This report of the activities of the staff of the Treadwell Library for fiscal year 1968-69 is submitted with the hope that it conveys significant contributions to and support of the patient care, educational, and research programs of the Massachusetts General Hospital. Special emphasis will be placed on the initiation of a new method for control of the circulation of publications owned by the Library.

Growth of the collections, principally the journal collection, was at the rate of about 1,000 volumes. A continuous weeding program resulted in the withdrawal of 510 volumes during the year, while a total of 1,656 volumes were added. This resulted in a net gain of 1,146 volumes, bringing the total bound volumes in the Library to 32,315. The acquisition of additional space for library staff, readers, and the monograph collection is still imperative for the efficient operation of the Library. Two members of the staff are, at present, using "temporary" space provided for them in the Cabot Room, which is actually the Social Service Library and reading room.

A new range of stacks, added in January, 1969, makes better use of the space in the workroom by providing more room for the reference books used by the library staff. It also provides space for books being processed as well as for gifts awaiting review by the Librarian.

Use of the teletypewriter exchange terminal provided by the New England Regional Medical Library Service proved so helpful that it was retained after the termination of the experimental year on April 30, 1969. A total of 1,335 items, photocopies or original publications, were received on loan from other libraries during the year. Treadwell Library loaned or sent photocopies of 105 items to other libraries. A very noticeable decrease in the time elapsing between the dates of request and receipt of material requested on interlibrary loan was recorded near the end of the fiscal year.

A new Xerox microprinter replaced the Xerox 720. This will make possible the copying of positive microfilm and microfiche while original publications may still be copied.

During the year a new circulation system was inaugurated. This employs two plastic cards – one embossed with the book information, the other, with the name and hospital address of the borrower. These cards are placed on the bed of an imprinter in such a

way that a multiple copy form for each book borrowed is imprinted with the book information and the address of the borrower. These forms then serve as overdue notices and, also, as a record of books that are in circulation. The absence of a central listing of eligible borrowers and rapid notification of appointments and terminations postponed the change over to this fairly simple system from July to October. It is now working quite smoothly. The cards for borrowers are now kept on file in the Library, thus eliminating the lending of library cards to ineligible borrowers or the borrowing of publications by people no longer employed by the Hospital. Exchange students and graduate students employed for periods of less than two months continue to add to the problems connected with circulation. Another problem, which could easily be eliminated, is the transferring of borrowed publications to other people without notifying the Library.

Meetings and other activities in which members of the Library staff participated included:

1. A seminar on the use of the *Science Citation Index* for the Staff of the Hospital held on October 30, 1968.

2. A meeting of the Joint Committee on Library Service in Hospitals (Council of National Library Associations) at the Central Office of the Medical Library Association, Inc., Chicago, Ill., on Feb. 14, 1969, attended by Miss Cole as the representative of the Special Libraries Association.

3. The Hospital Library group of the New England Hospital Assembly meeting on March 26, 1969, attended by Miss Cole and Mr. Perry.

4. A planning meeting of the Committee on Continuing Education of the Medical Library Association in Louisville, Ky., on April 14, 1969, attended by Miss Cole.

5. and 6. The Third International Congress on Medical Librarianship held in Amsterdam, The Netherlands, May 5-9, 1969, and the Annual Meeting of the Special Libraries Association held in Montreal, Canada, June 1-6, 1969, attended by Miss Cole.

7. A seminar on *Today's Systems For Today's Libraries,* co-sponsored by the Boston Chapter of the Special Libraries Association and the American Federation of Information Processing Societies, held at the Sheraton-Boston on May 13, 1969, attended by Mr. Perry.

8. A survey of the teaching and audiovisual facilities in the Hospital conducted by representatives from the National Medical

Audiovisual Center, Atlanta, Georgia, June 23-25, 1969. A report of this survey will be submitted to the Director.

9. A second meeting of the Committee on Continuing Education of the Medical Library Association held in Philadelphia, Pa., on September 5, 1969, to complete plans for courses to be presented at the Association's annual meeting in October, attended by Miss Cole.

10. Throughout the year short sessions on the use of the Treadwell Library held at appropriate times for the first year student nurses, Boston College nurses on affiliation, new staff members and students in the Social Service Department, Instructors in the School of Nursing and the Staff Education Department of the Nursing Service, Third Year Harvard Medical students on the Surgical Service, and Dietary Interns. Most of these gorups were taken on tours of the Library.

Visitors to the Library during the year included: Mr. T.W. Cotter, Christ Church, New Zealand; Eleanor D. Keaglin, Jane S. Ash, Colleen Campbell, and Helde Trapans from the University of California at Los Angeles Biomedical Library; Mrs. Stella Dixon, Ealing Library School, London, England; June Gouiliard, Northwestern Polytechnic Library School, London, England; and Dr. J.M. Greep, St. Lukes' Hospital, Amsterdam, The Netherlands.

During the year the Librarian visited the Medical Library of the University of Louisville, Louisville, Ky.; St. Lukes' Hospital, Amsterdam, The Netherlands; the Bodleian Library, Oxford, England, where she had the opportunity to view the exhibit depicting the history of that famous library which is now on tour in the United States as well as an exhibit of publications by and about Erasmus; and the library of the National Agricultural Experiment Station in Ottawa, Canada.

Miss H. Bernice Sweeney continued to volunteer and to help with the Staff Publications during the first six months of the year, but found it necessary to discontinue this activity. Her many years of faithful service in the Library has been much appreciated and her leaving has been a real loss.

Staff changes during the year included the resignation, in November, of Miss Sylvia L. Fleming to take another position and of Richard G. Burton and Richard G. Flaherty who left for military service. Additions to the Staff were Miss Anne S. Lauriat in January. She resigned in September to join the Peace Corps and was replaced by Miss Antonia L. Polsinelli. Rodney B. Perry, Assistant Librarian in

charge of serials, and Mrs. Lilly Wechsler, Assistant Librarian and cataloger, continued to render valuable service. Clerical assistants were Robert L. Amrhein, Paula M. Aquaviva, Richard G. Burton, Ralph DiPesa, John M. Flaherty, Richard G. Flaherty, Thomas E. Flaherty, Ronald L. Garrett, Arthur A. McLaughlin, Brendan J. O'Brien, and Daniel C. Winkler. Miss Gail Porter joined the staff as secretary in September.

My sincere thanks go to each member of the Library Committee for his loyal support and advice throughout the year.

Our sincere appreciation for the gifts from many individuals and departments is included here with the explanation that these publications are carefully evaluated and either added to the Treadwell Library or offered to other libraries through the Medical Library Association Exchange or the United States Book Exchange. During the year 8,443 items were either sold, sent to other libraries, or to the United States Book Exchange. In most cases no record was kept of the items given to individuals within the Hospital.

The statistics for the year follow:

	1968	*1969*
Number of periodical volumes	20,137	21,017
Number of other volumes	12,656	13,432
Number of volumes withdrawn	1,488	510
Total number of volumes in the Library	31,169	32,315
Number of pamphlets (approximate)	2,250	2,350
Number of items received from National Library of Medicine	131	202
Number of pages copied in Treadwell Library	98,904	105,660
Number of items given away or sold	4,362	8,443
Number of periodical titles currently received	686*	760**
Number of bound publications loaned	4,223	4,726
Number of unbound publications loaned	968	950
Total loans	5,191	5,676
Number of items borrowed from other libraries	1,189***	1,335***
Number of items loaned to other libraries	62***	105***

Number of persons using Library during the day	26,545	29,621
Number of persons using Library during evening	6,315	6,082
Total number using the Library	32,860	35,703

* Includes 505 purchased, 103 gifts, and 83 annuals
** Includes 565 purchased, 93 gifts, and 102 annuals
***Includes photocopies received and sent in lieu of original publications

GENEVIEVE COLE
Librarian

Report of the Volunteer Department

Among my most rewarding experiences as the Director of the Volunteer Department has been the opportunity to work closely with the Ladies' Visiting Committee, who have celebrated their 100th anniversary this year; the MGH Service League; the Distaff Club; and the Boston Metropolitan Chapter of the American Red Cross.

The expansion and development of new summer volunteer community and school programs, and the demands on the time of students, were responsible for the decrease in the number of summer volunteers. One hundred and six new individuals participated on our program in 1965 and this past year we dropped to 65. Our records this year disclose a total of 53,186 hours of service contributed by 610 men, women, and student volunteers working on our day and evening programs.

We are happy to announce that two friends of the Volunteer Department have enabled us to establish a Volunteer Department Fund to further the work of Volunteer Services.

Miss Marjorie T. Bennett, Assistant Director of the Department, has been extremely helpful this past year in carrying out her responsibilites. Her leadership abilities and creative skills will continue to strengthen our future programs.

In June, Dr. Chester M. Jones, Chairman of the Trustees' Advisory Committee to the Volunteer Department since 1958, resigned. His distinguished leadership and intense interest in the activities of the Volunteer Department were of great value. On behalf of the volunteers and staff I take this opportunity to express our gratitude to him for the inspiration and knowledge he so generously gave throughout his chairmanship. Dr. John D. Stoeckle, Chief of the MGH Medical Clinic, is his successor.

Our guest speakers at the Trustees' Advisory meetings included: Mr. George A. Parkhurst, newly appointed Community Liaison Officer, MGH Blood Donor Program; Miss Mary E. Macdonald, R.N., Director of the MGH Department of Nursing; Miss Leonar Saenz of Bogota, Colombia, South America, an MGH alumna, class of 1965, Director of Hospital Volunteers and President of the National Association of Hospital Volunteers; Dr. Robert Neer, Research, Bulfinch 4; Miss Elizabeth Thomas, R.N., Nursing Coordinator of the

Rehabilitation Unit on White 9 and supervisor of the evening volunteer recreation service; Mrs. Yolanda Llorca, supervisor of recreation on White 5; and Miss Sally Cave, supervisor, Pediatric Play Program.

Ten years ago 45 volunteers assisted nursing service with the day and evening recreation programs. In 1969 there were 131 volunteers. Very careful steps have been taken in the continuous development and extension of the recreation programs on White 9 and Bulfinch 4 by working closely with the Nursing Department. The response of the staff is most gratifying, and the patients have definitely indicated interest in involvement of this nature and are eagerly watching the progress of the program. The Boston Red Cross, as well as many unseen volunteers, have been very generous in sending us additional supplies for these expanded recreation activities. This program is under constant re-evaluation.

Plans for a pilot handpuppet project for children were enthusiastically received by the Children's Service. Miss Edith Currie, a friend of the Hospital, made the first samples and now the members of the Distaff Club, student nurses, volunteers and others are ready to assist on this project.

The MGH Medical Station at Logan Airport invited us again to help in their annual Heart-Lung survey for personnel. Five volunteers assisted the staff during the days of June 10 and 11. Also we are fortunate to have some bilingual volunteers who are on call to help the patients and staff in the translation of the most frequent requests which are the Spanish, Greek, and French languages.

At the Christmas Volunteer Recognition Tea given by the Trustees, the eighth Jessie Harding Award for Volunteer Service was presented to Mr. and Mrs. Thatcher P. Luquer by Mr. John E. Lawrence, Chairman of the Board of Trustees. Mr. Luquer started his twice-a-week volunteer work in 1964 and recruited both his wife and two daughters. He has worked in the Emergency Ward and the Chaplaincy Service, and Mrs. Luquer worked with admissions hospitality as well as in other hospital areas. The following is an excerpt of the citation presented to them: "During your many hours in the Admitting areas, the Chaplaincy Service and the Emergency Ward, you have understood the patients' and their families' fears and anxieties. You have supported them on their arrival at the Hospital. Because of your enthusiasm and experience you have helped to train new volunteers with understanding and warmth. . . ." Mr. and Mrs.

Luquer are the first couple to receive this award.

Four students attended our ninth annual leadership course for Directors of Hospital Volunteer Services. Mr. William D. Kloper, Soldiers' Home, Chelsea, Mass., and Miss Meredith B. Wagner, Salem Hospital, Salem, Mass. are both newly appointed Directors; Mrs. Phyllis Kolbe, Medical Center Hospital of Vermont is a newly appointed Assistant Director and the first to take this course; and Mrs. Hilda M. Webber, R.N., is a community leader and past president of Holden Hospital Auxiliary, Holden, Mass.

Again it was both stimulating and challenging to be chairman of an oral board of examiners for the State Civil Service Commission of Pennsylvania, for candidates of Volunteer Resources Coordinators. Other activities included three field visits to the following hospitals: The Medical Center of Vermont, Burlington, Vermont; Soldiers' Home, Chelsea, Mass.; and Saginaw General Hospital, Saginaw, Michigan.

It has been a "mini year" in more ways than one! We think we know where we have achieved some part of our objectives for the 60's and must now discover how we can reach them in the 70's.

MARY RUTH WOLF
Director
Volunteer Department

Report of the Coordinating Committee

The Coordinating Committee has met regularly during the past year. Dr. Ellsworth T. Neumann has attended each meeting and has kept the members informed of developments in the Hospital. The meetings have also afforded the members the opportunity to discuss the activities of each of the member groups and for an exchange of ideas beneficial to each group.

An Executive Committee of the Coordinating Committee has been studying Volunteerism as it now exists both at MGH and in the larger community about us. A report will be given to the Administration for its consideration later in the year.

Mrs. Charles Almy has succeeded to the chairmanship of the Hospital Tours Committee and has a well trained group of volunteer tour guides to assist her in responding to requests for tours of the Hospital.

Mrs. Bradford Cannon and Mrs. John Irwin continue as co-chairmen of the Storrow House Volunteer Committee which has brought added comfort and cheer to the patients there.

The Nurses Recreation Committee has largely passed into the hands of an active group of young nurses who work with the Staff Education Department to plan social events for the Nursing Staff. The role of the Coordinating Committee is largely one of being supportive to these young ladies.

The activities of each member group have continued and their reports follow.

MRS. R. MORTON CLAFLIN
Chairman
The Coordinating Committee

REPORT OF THE LADIES' VISITING COMMITTEE

In its 100th year the Ladies' Visiting Committee is continuing to fulfill its responsibilities. With pride in 100 years of service in the Hospital the Committee is in no way complacent and is constantly attempting to find more effective ways to cope with increasing and changing needs with the Hospital.

Mrs. George L. Blackman and her Committee, our all important Ward Visiting Committee, have, under increasingly difficult circumstances, continued to visit those patients in need of our service. We know the need is there, but there has been a constant problem in communication. We have hopes that Mrs. Blackman's new plan, already under way, of having regular days of visiting on three floors, will do much to increase our efficiency. I cannot speak too highly of Mrs. Blackman's devotion and her unending concern for the patients who are lonely and troubled. This past year she had done the work of ten.

This same service we have supplied to the young patients in the Burnham, and Mrs. Ross E. Sherbrooke and the Children's Service Committee give much time and attention to these often lonely and unhappy children.

The Baker Hospitality Committee, under Mrs. Harvey Spencer's constant and faithful attention, has served coffee to incoming patients and their families five days a week. This friendly introduction to the Hospital is of incalculable value to the patients, their families and the Admitting Office. I would like to express our gratitude to Mrs. Spencer who is stepping down as Chairman and to welcome Mrs. Thatcher P. Luquer as the new chairman of this essential service.

Mrs. Frederick Deane has continued her all important work with the Chapel and the Chaplain, Mr. Allan W. Reed, who depends on her sympathy and understanding and is most appreciative of the interest of the Ladies' Visiting Committee.

Miss Anna P. Revere, Mrs. Francis C. Gray and the Store Committee have continued their efficient operation of the General Store and have remained calm and cheerful in face of the continuing, unavoidable delay in the construction of the new store. How many of us can match Mrs. Gray's devotion in overseeing the finances of the Store weekly throughout the year?

The Traveling Store is in constant demand throughout the Hospital and under Mrs. Eustis Walcott's capable management it supplies the patients not only with needed items, but with a friendly visit.

Mrs. Peter Hunsaker and the Flower Committee have kept flowers and plants in the Chapel, the White Lobby, the Baker Memorial and Phillips House, an important and never ending task which they perform with imagination and enthusiasm. In addition, they provided lovely flower arrangements for the Volunteer Tea and our annual luncheon for the Trustees.

The Christmas season was, as always, an occasion for which members of the Committee worked hard. Mrs. William D. Manice, Jr. and her helpers arranged for carol singers and decorations on the wards and Mrs. M. Ducey Ryerson saw to gay, unusual and festive arrangements in the lobbies. This, although of brief duration, is one of our important responsibilities that does so much for the patients, their families and all who are in the Hospital.

The Art Committee has remained as busy as ever under Mrs. W.G. Constable's expert attention with a flurry of activity as each new office opens. The Art Committee has also extended its interest to include the Community Health Center in Charlestown.

Mrs. Sewall H. Fessenden continued her care for the young members of the Distaff Club who appreciate tremendously the interest taken in them by the Ladies Visiting Committee.

The Coffee Shop, our joint responsibility with the Service League, continues to thrive under the expert chairmanship of Mrs. Karl Riemer, as all of us who use it constantly can agree.

We also have other responsibilities which we share with the Service League and other members of the Coordinating Committee. Mrs. Ezra F. Stevens worked long and faithfully on the organization of the Hospital tours as co-chairman with Mrs. Edwin T. Green of the Vincent Memorial Hospital Board of Managers, and Mrs. Charles Almy has taken over as Chairman of this new community service. Mrs. Barry Bigelow has represented the Ladies' Visiting Committee on the Committee on Storrow House. Mrs. Charles P. Howard is our representative on the Nurses Recreation Committee. In addition we continue to be represented on the Social Service Advisory Committee by Mrs. George L. Blackman and on the Volunteer Advisory Committee by Mrs. Taylor Black and myself.

We were saddened by the death of Mrs. John R. Suydam, for

fifteen years a member of the Ladies' Visiting Committee. We accepted with regret the resignation of Mrs. Thayer Addison and we have welcomed two new members, Mrs. Francis C. Gray, Jr. and Mrs. John B. Gray. We were much distressed by the departure for Honolulu of our treasurer Mrs. Herbert C. Cornuelle and will miss her greatly, but we are fortunate in having Mrs. David Ferguson as our new treasurer.

To Dr. Henry K. Beecher, Miss Mary Macdonald, Dr. Morton Grove-Rasmussen and Mr. George Parkhurst our grateful thanks for the time they gave to speak to us. To hear them was of the greatest interest and value to us all.

We look forward to a year of continuing and wider involvement with the other groups within the Hospital in the constant search for better ways to provide service to the paitients.

MRS. NELSON W. ALDRICH
Chairman, Ladies' Visiting Committee

1969 FINANCIAL REPORT OF THE GENERAL STORE

Balance on Hand – December 31, 1968		$ 41,450.39
Cash Receipts		94,058.96
Adjustment from 1968		2,843.11
Total Receipts		$138,352.46
Expenses:		
Salaries: (Includes Pension, Social Security, Workman Compensation, Blue Cross for Oct., Nov., Dec.)	$21,857.76	
Stock Purchased	59,543.88	
Utilities Charge	137.64	
Miscellaneous: (Inc. Mass Sales Tax)	1,397.57	
Total Expenses		$ 82,936.85
		$ 55,415.61
Paid to Ladies' Visiting Committee		4,000.00
Paid to Ladies Committee, Storrow House, for a revolving fund for special services to patients		100.00
Balance on Hand December 31, 1969		$ 51,315.61

SUMMARY

Receipts	$ 96,902.07	
Expenses	82,936.85	
Cash Gain	$ 13,965.22	
Decrease in Inventory	770.00	
Operating Gain for 1969	$ 13,195.22	
Value of Inventory December 31, 1969		$ 7,087.00

MRS. FRANCIS C. GRAY
Treasurer

REPORT OF THE SERVICE LEAGUE

The total membership of the Service League is now 567, including 67 new members, two of whom are men. Payment of dues is voluntary, and of the 369 who have paid dues, over 100 are supporting members, which means that they contribute more than the regular sum of three dollars.

The Reception Center welcomes visitors from abroad who come to study and work at the hospital for varying lengths of time, and also serves as the office of the Service League. Thirty-three faithful volunteers have worked a total of 1,246 hours during the past year. The Reception Center, according to the report of Mrs. Milford D. Schulz, chairman, had 259 international visitors in file in 1969. This includes those who completed their work during the year and returned to their homeland, those who had registered previously and are still here, and those who have arrived during 1969. People from 52 countries are registered at the Reception Center, coming from Europe, South America, Africa, India, Japan, countries behind the Iron Curtain, and even from Russia.

Mrs. William C. Quinby Jr., chairman of Housing, reports 96 requests for help with housing. Half of these requests occur between June and October and come from visitors who work in 23 different hospital departments. The demand for housing has consistently increased during the past years. It was possible to find accommodations for all: 26 furnished rooms, 59 apartments, and 11 houses.

Fifty families were helped by the furniture exchange, which is in the able hands of Mrs. Donald J. Fern. She reports that, despite generous donations of furniture, additional furniture had to be purchased to supplement the dwindling supply.

Mrs. Howard I. Suby was able to distribute 223 tickets to our international visitors. Most of these tickets were donated by the Ladies Visiting Committee and members of the Service League and were for either the Boston Symphony or the Peabody Mason Music Foundation concerts. This is one of the most appreciated services to the international visitors, who show their gratitude to the volunteers and donors by thanking them over and over again.

Mrs. J. Gordon Scannell, chairman of Hospitality for the international visitors, arranged two swimming pool parties this past summer, one at Mrs. W. Gerald Austen's house, the other at Mrs.

Robert G. Ojemann's. In August many beach parties for wives and children were organized by Mrs.William H. Harris. The wives of our international visitors also were invited to the community coffees during the fall. Pre-Christmas parties were held in Brookline and Belmont. There was another party in Boston during January. Twenty-seven, including several children, spent Thanksgiving with American families.

In September, Mr. and Mrs. Charles O'Conor of Belmont opened their house for a party for the single international visitors. There were about 75 guests, about half from abroad and the other half were host couples from various departments of the hospital.

A spring picnic was held on the grounds of Dr. and Mrs. Bradford Cannon's house in Lincoln for the international visitors, their families, and members and families of the Distaff Club.

In addition, the International Institute and the International Students Association cooperated in providing additional information and activities for our visitors from abroad.

The Service League projects in the Clinics, under the chairmanship of Mrs. Francis M. Ingersoll, and with many devoted members of the Service League as volunteers, continue to strive toward the goal of making a visit to the Ambulatory Care Unit less bewildering and more pleasant for the patient. Projects that contribute toward this goal are the Information Desk in the surgical-gynecological area, the elevator area Information Desk, the Medical Clinic Service, the Amputation and Rounds Service, and the Clinic Hospitality Service, which is located in the busy Admitting area. These volunteer groups are all trained to be of general assistance to any patient or visitor to the Hospital, not only with accurate directional or procedural advice, but also with person-to-person hospitality to help dispel the patient's apprehension about the Hospital as a huge, impersonal, and rather frightening place. This is the fifth year of Service League participation in the Clinics, and volunteers are serving more hours and helping more patients than ever before. Opportunities abound for volunteer service in the Clinics.

The Information Desk in the corridor of the White Building continues to operate with a staff of 9 workers under the leadership of Mrs. Oliver Julin. With the many and continuing structural changes in the Hospital, due to the new building program, the need for such a desk in the White Building is apparent. An average of 65 people ask for directions in the morning, and about 85 in the

afternoon.

The annual report of the Coffee Shop, which is run jointly by the Ladies' Visiting Committee and the Service League, appears separately in the report of the Coordinating Committee.

The newest project of the Service League extends volunteer service to Storrow House, and is headed jointly by Mrs. Bradford Cannon and Mrs. John Irvin. This was started on February 3, 1969, and now has 30 volunteers, all but two of whom are from the Lincoln area. These ladies have a total of 1,440 hours of volunteer time, of which 288 hours were spent serving tea, etc., 144 hours driving patients and also shopping for the patients. There is a volunteer at the reception desk at Storrow House every day. In November, a program of Roving Volunteers was started. These volunteers sort and read mail for patients, write letters, and make telephone calls when asked. A coffee was held on October 23, 1969, at which the volunteers met the staff, toured the house, also enjoyed meeting each other.

The Service League is a member of the newly-formed Nurses Recreation Committee and is represented by Mrs. Alfred Kranes. We sponsored a tea for the nurses last March, and 120 nurses attended.

Mrs. George F. Zinninger, chairman of the Chapel Concerts, reports that 12 concerts were held in the Chapel, with an average attendance of 42 people. Twenty-two volunteers spent a total of 300 hours making these concerts possible for the patients. An attempt will be made to diversify the programs. With less emphasis upon classical music, the concerts may be more enjoyable to a larger number of people. It is also planned to have special concerts for the younger Burnham patients.

The always popular midwinter luncheon was at Longwood Towers in February, and Mrs. Daniel S. Ellis was chairman. Dr. Charles E. Huggins gave a fascinating talk about "Life at Low Temperature." He told about the new methods for storing blood at the Hospital.

Dr. J. Gordon Scannell spoke at the annual meeting in May about his experiences aboard the S.S. Hope in West Africa. At the annual meeting, Miss Marjorie Shea, recently retired from the Hospital staff, was named the first honorary life member of the Service League in recognition of her long and devoted association with us.

The Spring Dinner Dance, a joint project of the Distaff Club and the Service League, was held on May 24, 1969 at the Chestnut Hill Country Club and was a great success, thanks to the effort of the chairman, Mrs. Murray L. Janower, and her committee. Ninety-five

couples attended, 57 from the Service League, the others from the Distaff Club.

The annual Pops concert was held in June. Invitations were sent to the whole M.G.H. family and the concert floor was completely sold out. Mrs. Glenn E. Behringer was the chairman of this highly successful undertaking.

The Bulletin, published three times a year under the editorship of Mrs. William N. Jones and Mrs. John M. Head, provides information for all members of the Service League.

The Service League membership received questionnaires during April. Only 174 were returned, but these provided valuable suggestions for carrying out activities of the Service League.

Nine daytime community meetings were held, two of them sherry parties, at which members were informed about the possibilities for service. Special effort was made to interest new members in our activities and about 26 new volunteers were signed up at these meetings. During the summer, we prepared a pamphlet outlining the history of the Service League and its projects and aims, which was sent to all members. This pamphlet will be mailed to all future members and was also distributed among the Trustees and Department Heads in the Hospital.

The President was the representative of the Service League at the meeting of the American Hospital Association in Chicago in August, 1969. The Service League also was represented at the annual meeting of the Massachusetts Hospital Association, the New England Hospital Association, and the meetings of the M.G.H. Coordinating Committee and the Volunteer Advisory Committee.

The Service League looks back upon an active and constructive year. Thanks must be given to the many faithful volunteers who have given time and effort unstintingly and without hesitation. All of us in the Service League feel proud and honored to be part of such a great institution as the Massachusetts General Hospital and to be able to contribute in some measure to the success of its far reaching service.

MRS. H. PETER MUELLER
President, Service League

REPORT OF THE COFFEE SHOP

The Coffee Shop has just completed its sixth year of operation under the joint sponsorship of the Ladies' Visiting Committee and the M.G.H. Service League.

The Coffee Shop is open 5 days a week from 10 a.m. until 8:30 p.m.; it is closed from 4 p.m. until 4:30 p.m. for cleaning purposes and preparation for the supper hours.

Between 1,000 and 1,200 persons are served daily at the Coffee Shop, and the customer load is markedly higher on stormy days, and on very warm days when air conditioning is a comfort factor. Income is eventually limited by capacity in an undertaking of this sort, and we have now reached this point. In other words, the Coffee Shop is carrying a maximum customer load for its size.

We are very appreciative of the 2,692 hours of work contributed by approximately 30 loyal volunteers during the year. The courtesy and helpfulness shown by these ladies, and a few gentlemen, to many customers who need extra aid, is beyond measure.

The Volunteer Department has been most cooperative in supplying extra volunteers in time of need. We also enjoy and are very grateful for the students who give time from their summer vacations to the Coffee Shop.

Miss Louise Hatch, Director of the M.G.H. Dietary Department, has given us constant and continued cooperation for which we are extremely grateful.

We are very proud of the high calibre of our paid personnel staff which currently numbers 21 persons. Some have been with us since the Shop opened, some are comparatively new, but all work together and with the volunteers with loyalty and understanding.

All in all, we feel that the Coffee Shop is ably fulfilling the purpose for which it was originally intended.

RUTH ROBBINS
Chairman, Coffee Shop

REPORT OF THE DISTAFF CLUB

The Distaff Club is composed of the wives of house officers and fellows and interested women house officers at the Massachusetts General Hospital. It is primarily a social organization with a variety of social and educational activities and volunteer projects planned to help these women become better acquainted with each other, the Boston area, and the hospital, which is an integral part of their lives.

This report, which includes the period from October 1, 1968, to September 30, 1969, covers the projects and activities of two executive boards. Officers are elected early in April of each year, and the new board assumes full responsibility by early May. The officers for 1968-1969 were: Mrs. Thomas Buchanan, President; Mrs. Melvin Platt, Vice-President; Mrs. R. Bruce Donoff, Secretary; Mrs. John Mason, Treasurer; and Mrs. William Sack, Directory Secretary. Elected officers for 1969-1970 were: Mrs. R. Bruce Donoff, President; Mrs. Karl Benedict, Vice-President (Program Coordinator); Mrs. Lowell Goldsmith, Vice-President (Area Coordinator); Mrs. A. Michael Broennle, Secretary; Mrs. Ronald Weinstein, Treasurer; and Mrs. Robert Cihak, Directory Secretary.

Service projects undertaken by Distaff during this period included the annual Halloween and Valentine parties given for the pediatric patients in Burnham, and the wrapping of gifts for the Hospital Christmas Party. A special service was provided by the Housing Chairman, Mrs. Kent Salisbury. She was responsible for sending housing information to all incoming House Staff and operating a telephone service, listing available rentals. A combined effort of Distaff officers and the Service Chairman, Mrs. Lawrence Mills, made possible the newly revised publication of "Distaff Suggestions," which included information and practical suggestions for the newcomer. The Boston Chamber of Commerce and the Junior League of Boston contributed many useful publications, including local maps of Boston. All of this pertinent information was compiled and presented to every incoming Distaffer in the form of a "Welcome Packet."

Meetings and social activities in the fall of 1968 included a talk by Dr. John Knowles in the Ether Dome, tours of Gore Place in Waltham and the Children's Museum in Boston, and an International Potluck Supper. Winter events were highlighted by a general meeting

featuring Mr. Jack Savenor as guest speaker, and a Wine and Cheese Tasting Party. Distaff area interest groups warmed the chilly and dreary winter months. Groups included book seminars, gourmet cooking, bridge, and various handicraft projects. The Annual Spring Luncheon and Fashion Show was held in April at Anthony's Pier 4; one hundred twenty-five women were in attendance. The Spring Dinner Dance, a joint project of Distaff and the Service League, was held in May at the Chestnut Hill Country Club. The traditional Memorial Day Picnic at the home of Dr. and Mrs. Bradford Cannon was once again a huge success as Distaffers and their families enjoyed a delightful day outdoors. Distaff also assisted in the arrangements for the MGH Night at the Pops. Many members and their husbands attended the concert.

The July Welcome Tea, at which Dr. and Mrs. John Knowles and the Distaff Club welcomed newcomers to the MGH, marked the official beginning of the Club's activities for 1969-1970. The summer Get-acquainted Program included area welcome teas, a rum-punch party at the home of Mr. and Mrs. Sewell Fessenden, several beach parties, a tour of historic Salem homes, a private museum tour, a lunch boat cruise in Boston Harbor, a tour of Drumlin Farm Nature Center, and an evening at Fenway Park.

The September opening meeting saw a record attendance of more than sixty members representing all areas and departments. Distaffers enjoyed a pictorial lecture by Miss Alice Easton on New England Foods.

The Distaff Directory, which included the names, addresses, phone numbers and husbands' positions of over 400 Distaffers was issued late in August. The *Distaff News,* the Club newsletter, is published quarterly to keep members informed of the Club's events and activities, and area interest groups. It contains schedules of events, feature articles and notices of births and marriages.

Financial support is provided by annual dues of $3.50 (as of September 1, 1969). A charge of fifty cents is made for the Distaff Directory. In 1968-1969 there were approximately 230 dues paying members. As of January 15, 1970, 193 members had paid their dues. Additional funds were raised through a Bake Sale which brought in $366.00. Distaff also received a gift of $175 from the Ladies Visiting Committee.

Distaff continues to offer a wide variety of activities in the social, service and special interest areas as it fulfills its founders' purpose,

"to enable the House Staff wives to become better acquainted with each other and with the Hospital."

MRS. R. BRUCE DONOFF
President, Distaff Club

Dalton Scholarships

The income of this fund, amounting to $1,000 annually, is devoted to investigation in the science of medicine. The rules of the Trustees applicable to it are as follows:

Article 1. Candidates shall be nominated to the Board of Trustees by the General Executive Committee with their recommendations. They shall be either interns of the General Hospital or graduates of a regular American medical college.

Article 2. The nature of the work in medical investigation proposed to be prosecuted by each candidate shall be designated by the candidate.

Article 3. The dates of beginning and ending scholarships, the amounts of the stipends and the conditions of work shall in each case be recommended by the General Executive Committee to the Board of Trustees.

Article 4. The results of work of scholars shall appertain to the Hospital, and when made public the name of the scholar shall accompany the publication, but no publication shall be made unless approved by the General Executive Committee.

Article 5. When the income is insufficient, appointments for the year may be omitted.

Article 6. Any income not used shall be cumulative and not added to the principal.

Article 7. Scholars shall be eligible for renomination and reappointment.

Further information may be had by applying to the General Director of the Massachusetts General Hospital.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

In 1971 the prize will be awarded in the form of a lectureship at the Massachusetts General Hospital. The Warren Prize Lecturer, selected for outstanding work in medical science, will be nominated to the Trustees by the General Executive Committee.

The submission of special theses or essays will no longer be required for this competitive prize.

JOHN H. KNOWLES, M.D.
General Director

FORMS OF LEGACIES

A. An Unrestricted Legacy

"I give The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts ..... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund." Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1960	6,052,617.	1,739,500.	1,770,265.	4,155,916.	3,501,466.*	17,219,764.
1961	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967	12,316,960.	3,209,278.	4,603,628.	10,153,245.	6,709,564.	36,992,675.
1968	14,113,649.	3,890,013.	5,624,700.	12,760,249.	10,348,079.	46,736,690.
1969	16,706,831.	4,377,801.	6,140,705.	15,137,966.	12,439,741.	54,803,044.

TOTAL NET EARNINGS

1960	4,023,076.	954,376.	2,312,042.	5,012,325.	2,971,008.	15,272,827.
1961	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966	8,120,683	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.
1968	12,358,792.	3,091,597.	5,654,924.	14,466,853.	9,245,841.	44,818,007.
1969	14,454,284.	3,554,365.	6,307,686.	17,030,299	11,517,879.	52,864,513.

*Research Funds excluded.
**36 Beds Transferred from Private to Semi-Private.

COMBINED CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1960	12,442	225,456*	732	139,472
1961	11,996	206,395*	683	136,676
1962	12,336	204,583*	674	151,915
1963	11,736	201,415*	665	151,734
1964	11,762	205,991*	682	141,872
1965	13,498	210,304*	696	157,252
1966	14,218	212,607*	704	168,338
1967	14,504	226,207*	749	176,013
1968	15,846	237,792*	782	178,744
1969	15,958	236,194*	780	189,133

	Cost of Combined O.P.D.	Aver. Cost per Visit in Comb. Depts.	Total Net Receipts	Aver. Net Receipts	MGH Share of Cost	MGH Share of Net Receipts
1960	1,868,276	8.29	1,042,143	4.62	1,592,537	809,164
1961	1,836,817	8.90	1,115,399	5.40	1,543,860	878,732
1962	2,108,132	10.30	1,265,340	6.18	1,753,524	975,063
1963	2,275,392	11.30	1,433,034	7.11	1,912,033	1,108,820
1964	2,419,666	11.75	1,504,526	7.30	2,037,013	1,181,489
1965	2,525,339	12.01	1,929,031	9.17	2,062,474	1,597,122
1966	3,151,428	14.82	2,327,922	10.95	2,638,935	1,927,309
1967	3,797,697	16.79	3,070,480	13.57	3,209,278	2,518,774
1968	4,550,018	19.13	3,802,362	15.99	3,890,013	3,091,597
1969	5,104,878	21.61	4,427,465	18.75	4,337,801	3,554,365

EMERGENCY WARD

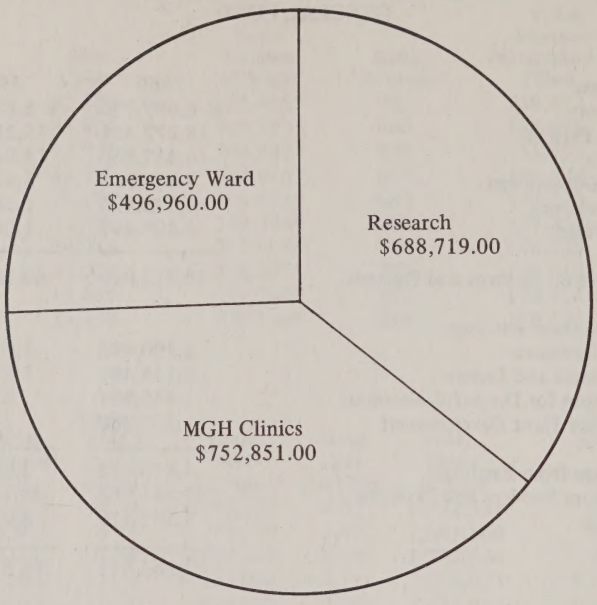
	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	385,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985
1968	66,176	782,766	335,263	1,118,030	688,450
1969	69,695	989,255	495,346	1,483,601	939,583

*Includes Staff and Other – See page 176, 177

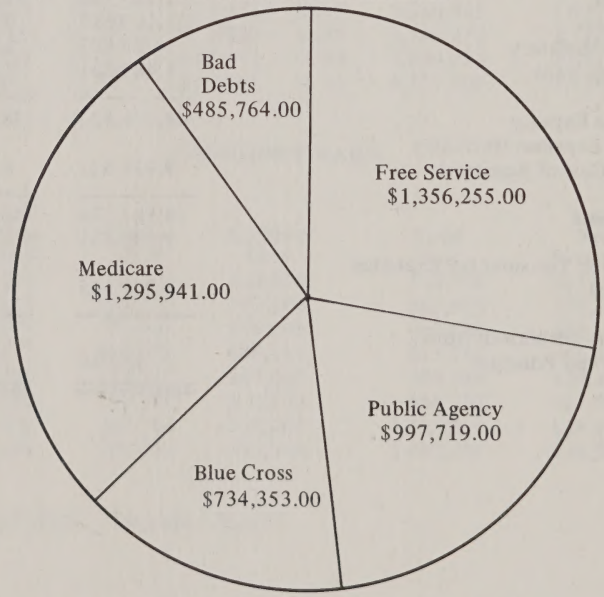
INCOME AND EXPENSE SUMMARY
GENERAL FUND

Operating Income	*1969*	*1968*
Private Patients	$ 6,697,296	$ 5,876,331
Semi-Private Patients	18,222,351	15,219,469
Ward Patients	16,417,960	14,088,801
Out-Patient Department	4,088,986	3,413,560
Private Ambulatory	1,375,926	1,107,155
Emergency Ward	1,409,497	1,047,633
Total Earnings from Services and Patients	48,212,016	40,752,949
Less Deductions from Earnings		
Charity Allowance	1,400,492	1,431,411
Other Rebates and Losses	2,746,496	1,688,081
Net Provision for Doubtful Accounts	485,764	629,764
Provision for Plant Development	237,280	236,992
Total Deductions from Earnings	4,870,032	3,986,248
Net Earnings from Services and Patients	43,341,984	36,766,701
Other Income	9,522,529	8,051,306
Total Income	52,864,513	44,818,007
Operating Expenses		
In Patients	37,985,502	32,498,597
Out Patients	4,102,612	3,606,314
Private Ambulatory	1,299,807	1,144,027
Emergency Ward	1,483,601	1,118,030
Total Patient Expense	44,871,522	38,366,968
Add: Other Expenses (Including Indirect Cost of Research)	9,931,522	8,369,722
Total Expenses	54,803,044	46,736,690
Net Deficit	1,938,531	1,918,683
Available from Treasurer for Expenses at Hospital	1,921,665	1,896,054
Final Deficit–Withdrawn from General Fund Principal	16,866	22,629

THE OPERATING LOSS DOLLAR



DEDUCTIONS FROM EARNINGS



STATEMENT OF FUND EXPENDITURES

Research Fund Expenditures	*September 1969*		*Oct. 1, 1968-Sept. 30, 1969*	
Contract				
Salaries & Wages	$ 69,553.29		$ 980,808.03	
Supplies & Expenses	66,027.66	$ 135,580.95	856,070.81	$ 1,836,878.84
Gifts and Grants				
Salaries & Wages	$363,821.86		$4,229,561.01	
Supplies & Expenses	425,561.05		4,826,066.03	
	789,382.91	789,382.91	9,055,627.04	9,055,627.04
Miscellaneous Income	4,538.52		129,224.56	
Net Expense	$784,844.39		$8,926,402.48	
Training Grants				
Salaries & Wages	$175,521.20		$1,846,611.44	
Supplies & Expenses	20,044.55		506,333.07	
	195,565.75	195,565.75	2,352,944.51	2,352,944.51
Other Fund Expenditures				
Contract				
Salaries & Wages	$ 31,311.57		$ 581,677.98	
Supplies & Expenses	79,144.69	110,456.26	1,026,624.88	1,608,302.86
Other Special Purpose Funds				
Salaries & Wages	$ 73,143.47		$ 737,362.10	
Supplies & Expenses	237,649.70		1,187,355.27	
	310,793.17	310,793.17	1,924,717.37	1,924,717.37
Miscellaneous Income	59,351.88		1,137,220.51	
Net Expense	$251,441.29		$ 787,496.86	
Total Fund Expenditures		$1,541,779.04		$16,778,470.62

STATEMENT OF STOCK ON HAND SEPTEMBER 30, 1969 AND SEPTEMBER 30, 1968

	Sept. 30 1969	*Sept. 30 1968*
General Hospital Apothecary Out-Patient Department Apothecary	$ 655,351.99	$ 714,303.18
General Hospital Upper Store	216,439.44	230,970.59
General Hospital Lower Store	24,432.45	31,463.68
General Hospital Maintenance	122,880.43	104,765.93
General Hospital Postage	2,546.67	5,121.27
General Hospital Print Shop	5,953.71	4,603.65
Other	383,351.72	186,922.59
Total Stock on Hand	$1,410,956.19	$1,278,150.89

SERVICE IN-PATIENT STATISTICS
For The Years 1960-1969

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1960	11,547	361	459	78.7	134,047	11+	7,015	843	7.30	63%
1961	11,607	381	459	83	138,687	12–	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11–	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11–	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12–	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13–	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12+	8,588	754	6.64	60%

Total number of patients admitted to General Hospital from the year 1821 – 685,921.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
For The Years 1960-1969

1960	10,546	321	340	94.4	119,167	11+	5,359	354	3.36	67%
1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13–	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13–	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14+	6,716	570	5.05	61%

Total number of patients admitted to Baker Memorial from the year 1930 – 298,743.

PRIVATE IN-PATIENT STATISTICS
For The Years 1960-1969

1960	3,517	110	132	83.6	40,924	12–	1,487	100	2.84	70%
1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11–	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13–	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14–	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14+	1,716	166	4.09	65%

Total number of patients admitted to Phillips House from the year 1917 – 186,112.

COMBINED MGH AND EYE & EAR CLINICS

CLINIC	ACTIVE TOTALS (Total Number of Visits) *1968*	*1969*
Dermatology		
Dermatology	9,983	9,794
Skin L	1,737	1,798
Gynecology		
Gynecology	4,970	5,243
Infertility	169	383
Obstetrics	1,154	1,541
Medical		
Admitting Physician	5,478	6,406
Allergy	3,603	3,437
Arthritis	1,344	1,290
Cardiac	2,243	2,309
Diabetes	1,402	1,069
Endocrine	457	491
Gastro-Intestinal	1,125	1,113
Hematology	730	684
Hypertension	554	443
Medical-Adult	22,523	21,690
Pulmonary	819	875
Pulmonary 2	344	294
Rehabilitation	260	258
Thyroid	2,451	2,898
Thyroid Metabolism	1,539	1,509
Neuromedical		
Language, Speech & Reading	6,277	7,115
Myasthenia Gravis	31	1
Neuromedical	6,048	5,884
Neurosurgical	1,106	1,142
Parkinson's	269	373
Oral Surgical		
Oral Surgical	4,728	4,840
Orthopedic		
Amputation Clinic	773	728
Amputation Rounds	215	226
Fracture	4,417	4,609
Milwaukee Brace	43	47
Orthopedic	8,075	7,629
Polidatry	2,214	2,138
Pediatrics		
Children's Cardiac	301	244
Children's Medical	7,018	6,086
Children's Metabolic and Endocrine	572	512
Pediatric Allergy	1,320	1,027
Pediatric Dermatology	546	676

Pediatric Neurology	1,266	1,020
Pediatric Neurosurgery	66	86
Pediatric Orthopedic	803	840
Pediatric Surgery	375	318
Pediatric Urology	479	383
Pedi-Genetics	7	9
Weight Control Unit	185	57
Well Child Clinics	362	339
Psychiatry		
Child Psychiatry	2,023	1,767
Psychiatry I*	– –	11,088
Psychiatry II*	5,712	785
Psychiatry III*	7,442	7,701
Surgical		
Hand	230	185
Plastic	1,096	1,273
Surgical	2,348	1,959
Surgical Dispensary	6,587	6,974
Surgical Follow-up	4,846	4,425
Vascular	767	709
Tumor		
Tumor	7,390	7,407
Urology		
Urology	7,251	8,268
Miscellaneous		
Social Service	2,631	2,995
Nutrition	3,432	3,174
*Eye and Ear Infirmary***		
Eye	39,888	39,879
Glaucoma Consult. Service	5,573	4,938
Ocular Motility	5,028	5,111
Retina	2,267	2,386
Ear, Nose and Throat	22,901	15,316
Eye and Ear Infirmary Total		67,630
M.G.H. Clinics Total		168,564
Combined Total		236,194

*Psychiatry I was formerly the Acute Psychiatric Service, Psychiatry II was formerly Alcoholism Clinic, and Psychiatry III, Adult Psychiatry. Patients with alcoholism problems are now seen and treated in all three divisions.

**The Eye and Ear Infirmary statistics for 1969 are not comparable to those for 1968, because Ear, Nose and Throat Clinic statistics were no longer collected by the M.G.H. clinics after July 1, 1969, and the Eye Clinic statistics were no longer collected after September 1, 1969.

RADIOLOGICAL DEPARTMENT

	1969	*1968*
GENERAL HOSPITAL		
House Patients Examined	26,162	24,498
Out Patient Department Patients Examined	18,426	18,533
Emergency Ward Patients Examined	807	1,139
Staff and Other	5,121	4,510
Total Number of Patients Examined	50,516	48,680
X-ray treatments given (Inc. Baker and Phillips House)	* 38,043	+ 38,128
Number of Examinations	65,241	64,136
Total Number of Examinations and Treatments	103,284	102,264
EMERGENCY WARD UNIT		
Emergency Ward Patients Examined	30,379	27,469
House Patients Examined	10,102	8,719
Staff and Other	202	222
Total number of Patients Examined	40,683	36,410
Number of Examinations	60,850	54,458
Total Number of Examinations	60,850	54,458
PHILLIPS HOUSE		
House Patients Examined	6,617	6,649
Total number of Patients Examined	6,617	6,649
Number of Examinations	9,851	10,048
Total Number of Examinations	9,851	10,048
BAKER MEMORIAL		
House Patients Examined	36,007	33,868
Total Number of Patients Examined	36,007	33,868
Number of Examinations	49,115	46,035
Total Number of Examinations	49,115	46,035
ENTIRE HOSPITAL (COMBINED STATISTICS)		
Total number Patients Examined	133,823	125,607
Total number Patients Treated	2,055	2,008
Total number Patients Examined and Treated	135,878	127,615
Total number Examinations	185,057	174,677
Total number Treatments and Observations	38,043	38,128
Total number Radium & Isotopes Treatments	173	148
Total number Examinations, Treatments, and Observations, Radium & Isotopes	223,273	212,953

* Includes 173 Radium and Isotopes Cases
\+ Includes 148 Radium and Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

PHYSICAL THERAPY

	1969	*1968*
Treatments given:		
Out-Patient	5,064	3,884
General Hospital (Including Eye and Ear Infirmary)	13,584	17,186
Phillips House	2,953	2,514
Baker Memorial	8,884	9,403
Private Ambulatory Patients	8,288	8,859
Total Treatments given	38,773	41,846

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1969, approved by Alexander Grant & Company auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED BALANCE SHEET

	1969	1968
ASSETS		
Cash	$ 2,045,347	$ 2,637,964
Investments		
Bonds	21,064,774	20,880,805
Stocks	34,412,381	29,793,161
Notes and Commercial Paper	4,459,407	5,063,616
Real Estate	197,152	170,821
Accounts Receivable – Patients and Others		
(Less Reserve for Doubtful Accounts)	14,673,945	11,941,555
Less Accounts Receivable Sold	–0–	(5,350,194)
Notes Receivable	358,150	422,478
Inventories of Supplies	1,503,232	1,368,125
Prepaid Items	350,401	135,847
Plant – Less Depreciation	33,233,771	33,102,723
Construction in Progress	21,355,901	19,147,902
TOTAL	$133,654,461	$119,314,803
LIABILITIES		
Notes Payable	$ 3,100,000	$ –0–
Accounts Payable and Accruels	4,149,077	2,425,017
Unearned Tuition Income	228,120	208,654
Pension Reserves	1,580,879	1,115,591
W.C.A. Reserves	395,337	374,554
General Fund:		
Treasurer's Account	(2,284,642)	(1,952,490)
Director's Account	11,559,935	10,420,436
General Hospital Endowment Funds:		
Unrestricted	5,941,866	5,937,345
Restricted	21,043,045	20,812,804
McLean Hospital Funds		
General Fund		
Treasurer's Account	(972,115)	(944,891)
Director's Account	1,315,431	911,441
Endowment Funds	849,537	843,488
Building Funds	20,168,581	16,654,692
Fiduciary Funds	1,504,895	1,372,053
Temporary Funds:		
General Hospital	4,282,270	3,701,678
McLean Hospital	109,204	94,236
Fiduciary	34,513	16,957
Funds Invested in Plant	33,233,771	33,102,723
Undistributed realized security gains	27,414,757	24,220,515
TOTAL	$133,654,461	$119,314,803

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL
CONDENSED INCOME STATEMENT
(For fiscal year ending September 30)

	1968-69	1967-68
Treasurer's Receipts		
Gifts		
Unrestricted*	$ 163,000	$ 178,917
Restricted	11,716,853	10,874,547
	$11,879,853	$11,053,464
Income from Investments		
Unrestricted	493,868	506,220
Restricted	1,703,993	1,668,972
	$ 2,197,861	$ 2,175,192
Other Income		
From Trusts and Agents	15,890	15,228
Contributions for Connecting Building	11,109	11,109
Huntington Memorial Hospital	42,286	40,789
Miscellaneous Receipts	635,378	910,002
	$ 704,663	$ 977,128
TOTAL	$14,782,377	$14,205,784
Restricted Income not Applied (Applied)	580,592	258,521
	$14,201,785	$13,947,263
Payments from Income		
Treasurer's Payments		
Income Transferred to Principal	$ 56,594	$ 4,615
Other Transfers to Principal	121,082	156,100
Payments Under Terms of Gifts	35,597	54,587
	$ 213,273	$ 215,302
Excess Available for Expenses	$13,988,512	$13,731,961
Expended		
For Restricted Purposes	$12,066,848	$11,835,907
For Unrestricted Purposes	1,938,530	1,918,683
	$14,005,378	$13,754,590
DEFICIT	$ 16,866	$ 22,629

* United Community Services Allocation of $162,975 and $178,217 respectively included.

THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1968-69	1967-68
Treasurer's Receipts		
Gifts		
Unrestricted*	$ 25,005	$ 23,293
Restricted	981,967	899,599
	$1,006,972	$ 912,892
Income from Investments		
Unrestricted	$ 17,144	$ 17,186
Restricted	66,492	60,130
	$ 83,636	$ 77,316
Other Income		
From Trusts and Agents	$ 7,680	$ 7,665
Miscellaneous Receipts	12,809	2,166
	$ 20,489	$ 9,831
TOTAL	$1,111,097	$1,000,039
Restricted Income Not Applied (Applied)	14,968	(37,135)
	$1,096,129	$1,037,174
Payments from Income		
Treasurer's Payments		
Income transferred to principal	$ 6,050	$ 6,734
Other transfers to principal	104	–0–
	$ 6,154	$ 6,734
	$1,089,975	$1,030,440
Excess Available for Expenses		
For Restricted Purposes	$ 991,631	$ 932,702
For Unrestricted Purposes	77,676	43,448
	$1,069,307	$ 976,150
Gain Added to General Fund Principal	$ 20,668	$ 54,290

*United Community Services Allocation of $24,930 and $23,268 respectively included.

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$(2,284,642)

GENERAL HOSPITAL FUNDS

	PRINCIPAL
FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$10,000
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,284
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	20,200
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	172,979
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147
JOHN ASHTON FUND For diseased and wounded soldiers.	47,478
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	108,825

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	$10,164
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,064
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	47,456
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Services.	8,601
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	86,390
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	50,905

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	$ 1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	349,954
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,791
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	80,974
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	1,092,883
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for Connecting Building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	203,382

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	$226,355
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,495
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914 Disabled Ex-Servicemen's Exchange, Inc. 10,250	66,164
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	406,548

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	$ 20,214
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,399
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only–preferably for West End children.	2,282
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	80,000
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,205
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,629,073
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,096

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WILLIAM STEPHEN GEPHART MEMORIAL FUND Income for the use of the Committee on Teaching and Education.	$ 4,947
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principle may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,306,257
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	58,247
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	5,983

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	$ 17,500
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190
THE CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	$ 30,150
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies Visiting Committee.	6,189
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	61,430
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	83,578
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	$50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	8,880
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,190

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation– *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	$ 21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery–." Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	31,765
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	8,181
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	$ 5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	34,694
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus Income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of Books on research, periodicals, reports or publications, etc.	1,670
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
SOCIAL SERVICE FUND Income for Social Service.	131,015
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	3,811

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	$ 50,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,152
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department.	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,328
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	$ 5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,816
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	100,000
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,382
GEORGE WIGGLESWORTH FUND Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	61,225
WOODEN LEG FUND Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600
TEMPORARY FUNDS	4,282,271
TOTAL GENERAL HOSPITAL FUNDS	$31,003,415

BUILDING FUNDS

	PRINCIPAL
RADIATION THERAPY UNIT	$ 255,246
CHILDREN'S DEPARTMENT CONSTRUCTION	273,745
CLINICS BUILDING FUNDS	207,415
McLEAN BUILDING FUNDS	229,069
GRAY BUILDING FUNDS	15,068,552
MISCELLANEOUS FUNDS	4,134,554
TOTAL BUILDING FUNDS	$20,168,581

McLEAN HOSPITAL FUNDS

	PRINCIPAL
EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	$ 10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	5,258
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	$356,187
GENERAL FUND For any Hospital purpose.	(972,115)
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154
WETHERILL FUND The income only to be used for the Wetherill Awards to graduates of the McLean Hospital School of Nursing. Gift of Dr. E. Stanley Abbott.	2,000
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,284
E. STANLEY ABBOT FUND Income to be added to principal for 25 years.	141,956
TEMPORARY FUNDS	109,204
TOTAL McLEAN HOSPITAL FUNDS	$ (13,533)

FIDUCIARY FUNDS

	PRINCIPAL
DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$ 534,402
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	6,086

FIDUCIARY FUNDS (Continued)

	PRINCIPAL
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall decend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	$ 15,000
THE GEBBIE FUND Income to be added to principal for 10 years.	401,807
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee, for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	14,163
FANNIE NEWELL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	338,238
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890

FIDUCIARY FUNDS (Continued)

	PRINCIPAL
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	$ 1,000
Temporary Funds	34,513
Suspense and Special Funds	37,764
TOTAL FIDUCIARY FUNDS	$1,422,238

SUMMARY

Principal Funds	$45,870,072
Temporary Funds	4,425,987
FUNDS INVESTED IN PLANT	33,233,771
DIRECTOR'S ACCOUNTS	12,875,367
	96,405,197
GAIN	381,094
FUNDS	$96,786,291

Examination of Accounts

ALEXANDER GRANT & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
10 POST OFFICE SQUARE
BOSTON, MASSACHUSETTS 02109

January 18, 1970

Board of Trustees
The Massachusetts General Hospital

We have examined the balance sheet of THE MASSACHUSETTS GENERAL HOSPITAL (a Massachusetts corporation, not for profit) as of September 30, 1969, and the related statements of operations and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, except for the Hospital's accounting for pension costs, which is not in conformity with Opinion 8 of the Accounting Principles Board, as described in Note A, the accompanying balance sheet and related statements of operations and changes in fund balances present fairly the financial position of The Massachusetts General Hospital at September 30, 1969, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Alexander Grant & Company

Gifts and Bequests 1968 – 1969

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$493,427.32	
Gifts	158,248.44	$ 651,675.76

GENERAL HOSPITAL FUNDS

FULLER ALBRIGHT FELLOWSHIP FUND		
Gifts		$ 50.00
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND		
In Memory of Marjorie Benjamin Hyde	$ 292.00	
Gifts	5,000.00	5,292.00
BAKER MEMORIAL FUND		
In Memory of Mr. William J. MacNair	$ 35.00	
Gift	10.00	45.00
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND		
Gift		100.00
THE JOSEPH S. BARR MEMORIAL FUND		
Gift		100.00
THE EDWARD F. BLAND FUND		
In Memory of Nathan Cohen	$ 25.00	
In Memory of Edwin Clapp Lincoln	10.00	
In Memory of Edward F. Treffley	25.00	
Gift	100.00	160.00
RICHARD C. CABOT FUND		
Gift		150.00
CANCER RESEARCH ENDOWMENT FUND		
In Memory of J. Lothrop Motley		957.00
THE IDA M. CANNON MEMORIAL FUND		
Gift		25.00
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND		
Gifts		4,550.00
THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND		
Gift		21,432.00
DR. WALTER J. DODD MEMORIAL FUND		
Gift		25.00

INCOME UNRESTRICTED FUNDS		
Bequest of Maud E. Appleton	$ 455.69	
Bequest of George Williard Smith	2,000.00	
Bequest of Miss Margaret Vickery	3,000.00	3,955.69
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND		
Gifts		$ 750.00
DANIEL FISKE JONES MEMORIAL FUND		
Gift		500.00
THE PHILIP C. JOSLIN MEMORIAL FUND		
Gifts		40.00
THE VARAZTED H. KAZANJIAN FUND		
Gift		2,500.00
THE MITTON FUND		
Gifts		600.00
THE MIXTER FUND		
Gifts	$ 175.00	
In Memory of Mrs. Frances Locke	25.00	
In Memory of Mr. George Mixter	50.00	250.00
OUTPATIENT DEPARTMENT FUND		
Gift		1,000.00
JOHN FYFFE RICHARDSON MEMORIAL FUND		
In Memory of Reverend Robert Dale Richardson		1,585.00
THE MARIAN MAHIN ROBB MEMORIAL FUND		
Gift		300.00
SCHOOL OF NURSING SCHOLARSHIP FUND		
Gifts	$ 400.00	
In Memory of Natalie McLean Keller	100.00	
In Memory of Edith Parker Ross	100.00	
In Memory of Miss Elizabeth Smith	15.00	615.00
THE TERRY SHUMAN MEMORIAL FUND		
Gift		50.00
SOCIAL SERVICE FUND		
Bequest of Jessie Gwendolen Morse		20,000.00
ROBERT H. STEVENSON MEMORIAL FUND		
Gift		50,000.00
THYROID LABORATORY FUND		
Gift		100.00
UNRESTRICTED FREE BED FUNDS		
Bequest of Mrs. Alice M. Wentworth	1,000.00	
Gift	100.00	1,100.00
CONVALESCENT HOSPITAL FUND		
In Memory of Mrs. Mabel K. Chamberlain		145.00
		$ 116,376.69

BUILDING FUNDS

GRAY BUILDING FUNDS		
Gifts	$1,445,491.63	
Government Grant	450,406.00	$1,895,897.63
RADIATION THERAPY AND CANCER CENTER		
Gifts		218,470.30
McLEAN CHILDREN'S PSYCHIATRIC UNIT		
Gifts		$ 164,770.88
MISCELLANEOUS BUILDING FUNDS		
Gifts		63,555.00
		$2,342,693.81

FIDUCIARY FUNDS

GEBBIE FUND	
Gift	$ 85,000.00
MARION LEE LAWRENCE MEMORIAL FUND	
In Memory of Mr. James Lawrence	3,220.00
	$ 88,220.00

McLEAN HOSPITAL FUNDS

GENERAL FUND		
Bequests	$10,948.48	
Gifts	39,293.00	$ 50,241.48
TOTAL PRINCIPAL FUNDS		$3,249,207.74

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

ANNUAL FREE BEDS FUND		
Gift		$ 100.00
CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 15,889.62	
Bequest of James O. Graves	127.97	
Gifts	111.00	
United Community Services	162,975.00	$ 178,975.62
MISCELLANEOUS FUNDS		
Gifts		24,839.50
		$ 203,915.12

FUNDS FOR SPECIAL PURPOSES

Bequests		$ 22,245.44
Gifts		752,592.70
Grants – Government	$9,678,472.80	
Foundations	1,237,937.04	10,916,409.84
		$11,691,247.98

McLEAN HOSPITAL FUNDS

CURRENT EXPENSE FUND		
Gift	$ 75.00	
United Community Services	24,930.00	$ 25,005.00
FUNDS FOR SPECIAL SERVICES		
Bequest		$ 7,680.00
Gifts		56,788.58
Grants – Government	$ 921,308.28	
Foundations	3,870.00	925,178.28
		$ 989,646.86
TOTAL INCOME FUNDS		$12,909,814.96
TOTAL PRINCIPAL FUNDS	$ 3,249,207.74	
TOTAL INCOME FUNDS	12,909,814.96	$16,159,022.70

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-first Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1969

Belmont: Massachusetts

Massachusetts General Hospital
McLean Hospital

OFFICERS OF THE INSTITUTION, 1970

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President
Henry R. Guild, Sr.

Secretary
Henry R. Guild, Jr.

Treasurer
G. Lamar Crittenden

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1943	Lloyd D. Brace, 45 Milk Street
1947	John E. Lawrence, Chairman, 177 Milk Street
1947	*Francis O. Schmitt, Ph.D., Neuroscience Research Program, 280 Newton Street, Brookline
1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 225 Franklin Street
1963	George Putnam, 265 Franklin Street
1965	*Edward L. Bigelow, 225 Franklin Street
1967	*Joseph L. Tauro, Jr., Executive Dept., State House
1968	G. Lamar Crittenden, 67 Milk Street
1969	Nelson Darling, Jr., 24 Federal Street
1969	W. Nicholas Thorndike, 28 State Street

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1962	Francis W. Hatch, 2300 Prudential Center
1963	Phillips Ketchum, 294 Washington Street
1968	Francis C. Gray, 10 Post Office Square
1968	Ralph Lowell, 100 Franklin Street
1969	Henry R. Guild, Sr., 294 Washington Street

McLean Hospital Committee
George Putnam, *Chairman*

Ralph Lowell — Francis O. Schmitt, Ph.D. — Sidney R. Rabb
Francis de Marneffe, M.D., *Secretary*

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL

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Philip K. Allen
Mrs. Charles Almy
James Barr Ames
John S. Ames, Jr.
Robert Amory, Jr.
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Alfred W. Baldwin
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Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway
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Bushrod H. Campbell
John P. Chase
Theodore Chase
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Charles E. Cotting
Mrs. William C. Cox
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Nelson Darling, Jr.
William R. Driver, Jr.
Miss Betty Dumaine
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Charles J. Dunn
William Ehrlich
Alexander Ellis, Jr.
Nathaniel W. Faxon, M.D.
Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Peter D. Fuller
Francis C. Gray
Mrs. Francis C. Gray
Morris Gray
Henry R. Guild, Sr.
Edward B. Hanify
Roy J. Heffernan, M.D.
Mrs. Robert Homans
Gilbert P. Hood, Jr.
Harvey P. Hood
Arnold W. Hunnewell
Donald J. Hurley
Edward Johnson, III
William T. Kemble
Mrs. Wheaton Kittredge, Jr.
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Allen Latham, Jr.
Henry A. Laughlin
Franklin A. Lindsay
Alfred L. Loomis
Joseph W. Lund
Francis P. McCarthy, M.D.
Charles E. Merrill
John H. Meyer
James Jackson Minot
Stephen F. Mugar
Richard M. Nichols
George Olmsted, Jr.
James H. Orr
Miss Amelia Peabody
Mrs. Sumner Pingree
William M. Rand
Miss Anna P. Revere
Irving E. Rogers
Rt. Rev. Henry K. Sherrill
Mrs. Abbot Stevens
Raymond S. Stevens
John O. Stubbs
Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello
John B. Vernaglia, M.D.
F. Frank Vorenberg
Jeptha H. Wade
Edward A. Weeks, Jr.
George S. Weld

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. in Psych. Nurs., M.S.H.A., F.A.C.H.A.

Assistant Administrators
David B. Balise, R.N., B.S., M.P.H.
Willa F. Pasho, B.S.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S. in S.S.

Building Service
James C. Shuttle

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S. in Ed., A.D.A.

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Nursing
Mildred C. Makin, R.N., B.S. in N. Ed., Ed.M

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Frederick W. McDonald, B.A.

Purchasing
Alexander Armour

Social Science
Richard H. Longabaugh, Ed.D.

Social Work
Golda Edinburg, M.S. in S.S.

Volunteers
Anne K. Fallon, B.A.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1970

Consulting Staff

Mark D. Alstchule, M.D.
Erich Lindemann, M.D.
Harry C. Solomon, M.D.
Paul D. White, M.D.

MEDICAL STAFF

Director
Francis de Marneffe, M.D.

Psychiatrist in Chief
Alfred H. Stanton, M.D.

Director of Clinical Psychiatry
Stanley H. Eldred, M.D.

Associate Director of Clinical Psychiatry
Paul M. Howard, M.D.

Psychiatrists
Edward M. Daniels, M.D.
Leon Eisenberg, M.D.

Attending Psychiatrists

Morris H. Adler, M.D.
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrist

Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Jacob Christ, M.D.
Howard T. Hermann, M.D.
Richmond Holder, M.D.
Irene Jakab, M.D.
Maria Lorenz, M.D.
Harvey M. Shein, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists
David Blau, M.D.
Peter B. Jenney, M.D.
Alan A. Stone, M.D.

Assistant Psychiatrists

Richard H. Bendt, M.D.
Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
Richard D. Budson, M.D.
Corbett Campbell, M.D.
Paul R. Dinsmore, M.D.
Philip Kelleher, M.D.
Martin A. Miller, M.D.
Jalna Ann Perry, M.D.
Michael D. Robbins, M.D.

Phelps M. Robinson, M.D.
Richard Sens, M.D.
Michael Sperber, M.D.
Lawrence A. Stone, M.D.
Larry H. Strasburger, M.D.
Harold W. Williams, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Jane Bain, M.D.
Ruth B. Beuscher, M.D.
Lloyd M. Caplan, M.D.
Franklin Carter, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Friedman, M.D.
Max Geller, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Phillip Isenberg, M.D.
Eda M. Kahana, M.D.
Melvin M. Kayce, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingston, M.D.
Nancy J. McDonnell, M.D.
Edward Meshorer, M.D.
Egbert H. Mueller, M.D.
John K. Pearce, Jr., M.D.
Alexandra Rolde, M.D.
Arnold Sheinis, M.D.
John B. Spillane, M.D.
William D. Temby, M.D.
Robert H. Trivus, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Edward L. Zarsky, M.D.

Clinical Fellows in Psychiatry

N. Scott Craven, M.D.
David Griffith, M.D.
Brigitte M. Julian, M.D.
Arnold M. Kerzner, M.D.
Matthew E. Levine, M.D.
Alan N. Marks, M.D.
Franklin Simon, M.D.

Resident Psychiatrists

Steve G. Agular, M.D.
Brian Bouton, M.D.
*Maurice C. Cion, M.D.
Mary H. Collins, M.D.
Perrin L. French, M.D.
Barbara A. Groome, M.D.
Todd F. Holzman, M.D.
Christopher R. Hopps, M.D.
Carolyn Ise, M.D.
J. Wayne Mathews, M.D.
Aaron W. Menzin, M.D.
Charles R. Middleton, M.D.
John M. Mols, M.D.
Jason E. Mondale, M.D.
Lloyd F. Price, M.D.
Barry D. Proner, M.D.
*Lawrence Ruzumna, M.D.
Lucy Salomon, M.D.
Edward S. Schwartzreich, M.D.
Daniel Shaw, M.D.
Morris Stambler, M.D.
Alfredo T. Suescum, M.D.
Paul Torop, M.D.
Robert Weinstock, M.D.
Bernard S. Yudowitz, M.D.

*Through August 31, 1970
#Through June 30, 1970

DEPARTMENT OF MEDICINE

Clinical Assistants in Medicine

Robert D. Busiek, M.D.
Hershel Jick, M.D.
Willem Linscheer, M.D.
Lloyd G. Potter, M.D.
Samuel Shapiro, M.D.
Dennis Slone, M.D.

Assistant Neurologist
Larry J. Embree, M.D.

Consultant in Electroencephalography
John A. Abbott, M.D.

Assistant Dental Surgeon
Philip L. Millstein, D.M.D.

Associate Radiologist
Henry P. Pendergrass, M.D.

DEPARTMENT OF ACCOUNTING

Comptroller
Thomas J. Burley

Assistants to the Comptroller
Gary A. Alexandrato
Francis X. Norton

DEPARTMENT OF ACTIVITY THERAPIES

Director
James A. Garland, M.S. in S.S.

Occupational Therapy
Supervisor
Iris Carroll, B.A., O.T.R.

Therapists
Pamela Arrand, B.S., O.T.R.
Nicholas Browning
Doreen Hartley
Branislav A. Kevich, A.B.
Donald Krohn
Frances Palmer, B.S., O.T.R.

Patients' Librarian
Margaret Ball, M.A.

Recreational and Music Therapy
Supervisor
Jane Ann Schoonmaker, M.S.

Recreational Therapists
Shirlee Borell, B.A.
Clark Hardesty
Shula Reinharz, M.A.

Music Therapists
Rachel A. Farmer, M.T.R., B.S.
Michael J. Harding, B.A.
Christopher Lenk
Paul D. Roberts

Creative Arts
Supervisor
Helga Haendel

Therapist
Martha Lankford, A.B.

Horsemanship Instructor
Octavia Chater

Rehabilitation Counseling
Supervisor
Thomas F. Higgins, M.S.

Counselors
Roger Abdell, Ed.M. Richard Friswell, Ed.M.
Janet Voelker, M.Ed.

Group Worker
Nancy Annis, A.B.

Psychomotor Therapists
Albert Pesso, B.A.
Michael Werle, D.Ed.

DEPARTMENT OF DEVELOPMENT

Director
Winston R. Johnson, M.A.

DEPARTMENT OF NURSING

Director of Nursing
Mildred C. Makin, R.N., B.S. in Nsg. Ed., Ed.M.

Assistant Director for Nursing Administration
James Paul Walsh, R.N., B.B.A.

Administrative Nursing Supervisors
Vera K. Dunkley, R.N.
John J. Grady, R.N., B.S.N., Ed.M.
Rose M. Hobson, R.N., B.S.
Audrey S. Hurley, R.N.
Virginia E. Ladd, R.N.
John P. Pitcherale, R.N., B.S. in N.Ed., M.S.N.

Clinical Nursing Supervisors
Curt Bank, R.N.
Diane Bosse, R.N.
Marguerite A. Conrad, R.N.
Gerald Ellsworth, R.N.
Marilyn E. Fitzgerald, R.N., M.S.
Mary E. Fuller, R.N.
Carolyn Goodwin, R.N.
Maurice O. Maynard, R.N.
Mary McIntire, R.N., B.S.N.
Verne Moberly, R.N.
M. Edith Murphy, R.N.
Marian Walsh, R.N.

Head Nurse, Day Care Center
Audrey A. Mosher, R.N.

Head Nurse, Health and Operating Room
Jeanne Jackson, R.N.

Coordinator of Training in Nursing Process
LaVonne E. Davidson, R.N., B.S. in N.Ed., M.S.N.

Instructors in Nursing Education
Wilmah Berkey, R.N., B.A.
Joanne Brody, R.N.

Clinical Nursing Consultant
Ida J. Pelletier, R.N., B.S. in Pub. Health, M.A.

Director Emerita, School of Nursing and Nursing Education
Margaret C. Tibbetts, R.N., B.S. in N.Ed.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School
John F. Dunn, M.A.

Deans
John Bowdoin, B.S.
Kenneth R. McElheny, M.A.
Louise Stokes, M.A.

Instructors in English
Gail Eaton, M.A.
Munson Hicks, B.A.
Edward Morgan, B.A.
Patricia Neuman, M.A.
Beverly Sellers, B.A.

Instructor in Mathematics
Jeremiah McCarthy, B.A.

Instructor in Advanced Mathematics
Peter Conant, B.A.

Instructor in French
Jean Abner Genece, B.A.

Instructor in Spanish
Aviva Ginsberg, B.A.

Instructor in Biology and Chemistry
Julie Phillips, B.S.

Instructors in History
Gail Eaton, M.A.
Gail Fuhrer, B.A.
William Redpath, B.A.
Beverly Sellers, B.A.

Instructor in Music
Barbara Tucker, B.A.

Instructor in Media and Creative Writing
William Redpath, B.A.

Instructor in Art
Helga Haendel

Librarian
Linda Roscoe, A.B.

Research Associate in Education
William C. Kvaraceus, Ed.D.

Associate Psychologist
Helen J. Kenney, Ed.D.

DEPARTMENT OF PERSONNEL

Director
David W. Bohy

Personnel Assistants
Margaret Higgins, B.A.
Richard Orton, B.A.

DEPARTMENT OF PHARMACY

Director
George R. Zager, Reg. Ph., M.S.

Assistant Chief Pharmacist
Robert Connell, Reg. Ph., B.S.

DEPARTMENT OF PLANT AND OPERATIONS

Director
John B. Larson, B.S.

Assistant Chief
John J. Blanchard

General Foreman
Donald E. Megliola

Architectural Designer
Richard J. Whitworth

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene Pierce Stiver, Ph.D.

Associate Psychologists

Richard J. Bonier, Ph.D.
David J. Ingle, Ph.D.
(Neurophysiology Laboratory)
Helen J. Kenney, Ed.D.
(Department of Education)
Brendan A. Mahar, Ph.D.
Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.
Ralph G. Semon, Ph.D.
Marvin Snider, Ph.D.

Assistant Psychologists
Sophie B. Mintz, Ph.D.
Scott A. Reinhardt, Ph.D.

Fellows
Arthur Cobb, Ph.D.
Virginia Senders, Ph.D.

**Interns*

Judith Jordan, M.A.
Michael Kahn, M.A.
Jack Lomranz, B.A.
Stuart Pizer, B.A.
Diana Sholtz, M.A.

*Through August 31, 1970

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Frederick W. McDonald, B.A.

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Miriam Greenspan, M.A.

Public Relations Assistant
Katheryn S. Daly, B.A.

Communications Service Unit
Supervisor
Ivan J. Hansen

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Director
Alexander Armour

Assistant Purchasing Agent
Edward M. Mulligan

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Alfred Pope, M.D.

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George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Lewis C. Mokrasch, Ph.D.
Pierre J. Stoffyn, Ph.D.

Associate Neuropathologist

Helen H. Hess, M.D.

Assistant Biochemists
Francisco Gonzales (Sastre), M.D.
Gwendolyn M. Sherman, Ph.D.
Anne Marie Stoffyn, Ph.D.

Assistant Neuropathologists
Larry J. Embree, M.D.
Harvey M. Shein, M.D.

Research Fellow in Biochemistry
David R. Whikehart, Ph.D.

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Assistant Social Psychologist
Patsy H. Sampson, Ph.D.

Senior Research Assistant
Nancy Messom, M.A.

Research Assistants
Carole Goldstein, B.A.
Betty-Jane Scheff, M.A.
Peter Woolston, M.A.

DEPARTMENT OF SOCIAL WORK

Director
Golda M. Edinburg, M.S. in S.S.

Supervisors
James A. Garland, M.S. in S.S.
(Social Group Worker)
Shirley Goldstein, M.S.S.
Constance A. McGrath, S.M.
Martha M. Norton, M.S.W.

Psychiatric Social Workers

Marcia Abramson, M.S.S.
Virginia Albanese, M.S.W.
Karen Andrews, M.S.S.W.
Laura Coleman, S.M.
Irene M. Daitch, M.S. in S.S.
Judith Haggerty, S.M.
Stella Hartz, M.S. in S.S.
Margaret Mayeda, M.S. in S.S.
Barbara L. Schwartz, S.M.
Joyce VanSlooten, M.S.W.

Eve Welts, M.S. in S.S.

Research Social Worker
Mollie Grob, S.M.

Social Group Workers
Acting Supervisor
Jane Compton, M.S.S.A.

Rachel Eggert, M.S.S.A.
Ben Lewis, M.S. in S.S.
Maurice Mollan, M.S.W.
Dorothy M. Muller, M.S.W.
Marsha Spector, M.S.W.

Outpatient Clinic
Supervisor
Anne Wallens, S.M.

Psychiatric Social Workers

Shirley Greenberg, S.M.
Frances Grey, S.M.
Ann Sheingold, M.S. in S.S.
Penelope Tyson, S.M.
Suzanne Vogel, S.M.
Carol Weinberg, M.S.S.

UNIT HEADS

Clinical Laboratory
Virginia P. Gearin, B.S., M.T. (A.S.C.P.)
Brenda T. Senior

Libraries
Hector Bossange, M.A.

Physical Therapy
Joan Ford, B.S., R.P.T.

Podiatry
Chiropodist
Thomas A. Crapo, R.N., R.P.T.

X-Ray
Herbert A. Davidson

DEPARTMENT OF VOLUNTEERS

Director
Anne K. Fallon, B.A.

Report of the Director

During this past year my work was, as usual, divided between the supervision of the day to day operation of the hospital and long-range planning. The latter received more than usual attention and several major steps were taken towards insuring the success of the hospital in the years to come.

The preparation of an application for federal funds under the Community Mental Health Centers Act for the construction of the Hall-Mercer building, which is the first step in the development of the children's center at McLean, proved to be the necessary catalyst for the planning of a comprehensive community mental health center program for the towns of Waltham, Watertown and Belmont. This community mental health center program involves, in addition to McLean, the Metropolitan State Hospital, the Walter E. Fernald School, the Beaverbrook Guidance Center, the Waltham Court Clinic and the Waltham Hospital.

The Department of Mental Health and the Governor's Advisory Council for Planning, Construction, Operation or Utilization of Community Mental Health Centers approved a grant of $511,000 to the McLean – Hall-Mercer project from the federal allocation to the state, subject to the approval of the federal government. Unfortunately, this approval was not forthcoming, mainly because the planning of the larger community mental health center with which the Hall-Mercer would be affiliated was not sufficiently advanced. This disappointment led to redoubling of community efforts by the heads of institutions in the area and Arnold Abrams, M.D., the regional administrator for mental health and his able assistant, Mrs. Natalie Riffin. At the end of September this effort was well on its way to fruition. The application will be resubmitted by the end of 1969.

Beyond the importance of the federal funds themselves, the work done is significant in that it has further committed the hospital to fulfilling its ideals, recently reiterated, of serving a broader community than it has traditionally served.

One may hope that eventually the gap which separates the level of care in private and public mental hospitals will be narrowed and different levels of quality of care will be found unacceptable, as they are in other areas of medicine. But this will only happen when the

public and the legislature (1) become more aware of how significantly the quality of care affects the outcome of the illness, (2) recognize the high cost of good psychiatric treatment, and (3) are willing to vote the necessary funds for the support of public institutions.

McLean's involvement in the Metropolitan-Beaverbrook Community Mental Health Center provides an opportunity not only for offering direct service to the broader community but, by entering the public sector, contributes to narrowing the gap between public and private health care. It could do so by participating in the development of programs to serve the community; by participating in, or helping to coordinate, training programs which now exist as separate entities in the different institutions in the area; by training personnel for service to other institutions, etc. Accomplishing any of these goals is not simple. Public and private psychiatric institutions have not traditionally collaborated with one another. Much of the credit for the new climate is due to the efforts of Milton Greenblatt, M.D., the Commissioner of Mental Health, who has consistently fostered collaboration between public and private institutions. How much of this can be done at the local level remains to be seen. Philosophy and techniques of treatment tend to be different in private and public institutions, perhaps inevitably so. The public hospital's philosophy and techniques of treatment are inevitably determined by the tremendous service load which it carries; by the lack of control over the number of patients it treats; by the number of staff it has; and by the funds allocated to it by the legislature, just as the philosophy and techniques of treatment of the private psychiatric hospital are determined by the fact that the hospital can and does limit the number of patients it treats; that it can allocate funds as needs arise; and that it can hire whom it needs. These issues must be faced honestly if headway is to be made in collaboration between public and private institutions in the future.

The successful financial operation of the hospital in recent years has permitted us to turn some of our attention to the future financial support of the hospital. With this in mind, the Director of Development was appointed last year. This year was the first full year of the Department's operation. Plans were made for an annual fund raising campaign by mail. This year's campaign for support of the McLean Children's Center was successful. It clearly identified the source of support which McLean may expect in the future and pointed out some of the difficulties of fund raising for a psychiatric hospital.

The fund raising firm of Marts and Lundy was employed by the Trustees to carry out a survey of the fund raising potential of the hospital. As the year came to an end, this survey was expected to throw further light on the strengths and weaknesses of the institution in a fund raising venture and to point to some of the directions in which the hospital would need to move to be successful in the future.

One of the most encouraging aspects of this year's fund raising campaign was the evidence that patients and their families are in the best position to appreciate the hospital's work and that this appreciation was frequently expressed by financial gifts to the hospital. Since this is also the experience of general hospitals, it should not come to us as a surprise. Yet it did. We had assumed that the tremendous expense frequently incurred by families for intensive treatment and the ups and downs of psychiatric illness and treatment would result in spotty returns to the institution. But this was not so. Forty per cent of gifts donated came from grateful patient families.

Highlights of the Year

Although significant progress had been made in recent years in telling the community about the hospital's work, it was clear that much still needed to be done. A new effort was launched to reach a large group of people to inform them of the present and future of the hospital. "Information Luncheons" which presented various aspects of the hospital's work were held frequently both at the hospital (addressed primarily to the ladies in the community) and in downtown Boston (primarily for the benefit of men working in the city). The success of the luncheons encouraged us to continue our efforts into the next year in spite of the tremendous amount of time which it requires of many hospital staff.

We also focused our attention on two groups that are particularly important to the hospital, patients' families and referring physicians. They are not always satisfied with our present methods of maintaining contact with them. These methods underwent continuous review throughout the year and some significant improvement occurred. But as our staff changes, we will need to continue educating and supervising newcomers.

Senior Appointments

Certain major appointments were made during the course of the

year. The position of Director of Clinical Psychiatry established in 1962 was reactivated and Stanley H. Eldred, M.D., was appointed in June of 1969. Dr. Eldred assumed direct administrative responsibility for the clinical psychiatric staff as well as responsibility for coordinating the clinical activities of the Social Work, Psychology, Patient Education, Activity Therapies and Nursing Departments, Aftercare Services, the Day Care Center, and the Outpatient Department. At the end of the year, after a few months in his new position, the effectiveness of his leadership was already felt. In addition to being Director of Clinical Psychiatry, Dr. Eldred continued as Director of Resident Education. Harvey M. Shein, M.D., was appointed Associate Director of Resident Education and, as the title implies, his primary responsibility lies with the education of medical students.

Mildred C. Makin, R.N., B.S. in N.Ed., Ed.M., was appointed on August 15, 1969, as Acting Director of the Nursing Department, upon the resignation of Daniel Lennox, R.N., M.S. in N.Ed., Assistant Director of Nursing Service, who had assumed responsibility for the clinical nursing program during the past 18 months. By the end of the year, Mrs. Makin's leadership had gone a long way toward integrating the various philosophies which have at times separated different factions in the Nursing Department; she was preparing training programs for nursing aides and further educational programs for graduate nurses, as well as providing a high quality of nursing service.

Volunteer Department to be Reorganized

A reorganization of the Volunteer Department is under way, partly as the result of the forthcoming resignation of Dorothy M. Muller, M.S.W., as part-time Director, to devote her full time to social group work in the hospital. The primary objectives of the Volunteer Department have been to benefit the treatment and life of the patients by bringing into the hospital interested laymen from the community to do various types of activities on the halls and elsewhere. An additional objective was that of volunteer activity serving as a two-way bridge between the hospital and the community. These objectives have been fulfilled. The time is ripe to develop the Volunteer Department as a major source of manpower, not only in the more effective treatment of patients, but also in other activities of various departments not necessarily involved in direct

patient contact. With this in mind, a new full-time Director will be sought who will have a background of managerial and personnel experience rather than social work experience, as in the past. The head of the Department will report to the Director. This ambitious program will depend heavily upon the cooperation of all department heads, the selection of the right person, and the continuing support and encouragement of Mrs. Winthrop S. Jameson, Jr., Chairman of Volunteers, and her predecessor, Mrs. Charles A. Coolidge.

Not all of our efforts were devoted to the present and the future – some were devoted to preserving the past. The hospital houses a treasure of old books, paintings, furniture, photographs, and documents of historical value. Some of these have been on loan to the Museum of the History of Psychiatry of the American Psychiatric Association and on display at the Countway Library at Harvard Medical School. The hospital's Archives Committee was appointed several years ago to supervise the identification and preservation of such historical material. During the past year, with the help of Mr. Bloomquist, Librarian at the Countway Library, the hospital's historic books were inventoried by Mr. Richard J. Wolfe, Rare Books Librarian, who made useful suggestions for this preservation. It is hoped that in the near future an Archives Room can be established at the hospital which will contain furniture and historic documents to illustrate McLean's history and the history of psychiatry.

Halfway House Established

The hospital took a major step near the end of the fiscal year by establishing a Halfway House in Boston. The need for this was great. At the time of their discharge, many patients need a structured residence close to a job or school to help them ease into more permanent living arrangements. Our experience with the limited facilities available in the Boston area, as well as our awareness of the growing need, led to our decision last year to press for the creation of a Halfway House owned and operated by McLean. With this in mind, Richard D. Budson, M.D., rejoined the psychiatric staff a year ago to develop such a plan. This led to a generous anonymous gift for the acquisition of the house. It is expected that by early 1970, the Halfway House will be opened to 23 former McLean patients. If the operation of the Halfway House is successful, we hope that this may be the first step in a series of such houses. We foresee that they could benefit not only our patients, but also individuals in the community

who need less care than inpatient hospitalization or day care on the hospital grounds.

During the past two years, the fluctuations in the number of inpatients at various times in the course of the year have received increasing attention. In the spring and late fall, the inpatient service is usually full and frequently we have to keep a waiting list. At other times, especially in the summer months, the number of patients in the hospital drops significantly. Although this ebb and flow disconcerts us because of its effect on the financial operation of the hospital, it is also worth studying because the hospital's facilities are not being adequately utilized. The fluctuations in any hospital census seem to be baffling, but it would appear to us that the significant drop in the number of patients in the hospital during the summer months is related to the growing adolescent population and the school year. The various factors contributing to this state of affairs are being carefully studied by Richard H. Longabaugh, Ed.D., Chief of the Social Science Department. The hospital's Coordinating Committee is also looking into the possibility of developing programs specifically designed for the summer months which would result in an increase in the number of patients served during this time.

Achievements of the Sixties

As the decade of the 60's comes to an end, there are many accomplishments of which we can be proud: The Rehabilitation Center was built; the Research Laboratory doubled in size; the Arlington School was founded; a major administrative reorganization took place; the Outpatient Clinic was opened; the treatment of adolescents became a major hospital commitment; the operation of the hospital was placed on a sound financial basis; major renovation of almost every building was done; most departments were enlarged and their leadership strengthened; new departments were established Public Relations and Development; and future plans for the hospital were prepared and approved. But as we enter the 70's certain issues must be faced. New sources of capital funds must be found. The approximately $250,000 depreciation fund is insufficient to maintain the existing physical plant and at the same time provide the facilities and equipment required for new programs. For instance, the Arlington School, which has so successfully served an increasing number of adolescent patients, needs expansion because of this increase.

I have discussed in previous annual reports the rapid growth of the adolescent population at McLean – from five percent of our total patient census to more than 30 percent during the 60's. To a great extent, our capacity to treat these patients was heightened by the development of the Arlington School. Not only were patients of high school age given the opportunity to continue course work toward their diploma, but college level courses have recently been instituted for those patients who have completed their secondary school education.

Space exists here and there in the hospital to increase the number of beds to serve an increasing number of patients, but the renovations require capital funds. We feel that more should be done to develop a day care program for elderly patients; this again will require capital funds.

There are also ever-increasing needs for capital funds to purchase equipment made possible by the rapidly advancing technology of our age.

These are examples of things that should be done and could be done if capital funds were available. Looking beyond these particular projects, we also see the need, referred to in earlier annual reports, for the development of plans for the construction of new patient units to replace the existing ones. The funds for these will depend on the major fund raising efforts of the future, for which we have laid the foundations in the past year.

Future Expectations

Although it is becoming well recognized that a significant number of patients can be treated by inpatient hospitalization for a certain limited period of time, followed by discharge to a day care or halfway house program, it is still true that a substantial number of the sickest patients require treatment for an extended period of time, maybe several months and sometimes a few years. It is particularly true that as the number of adolescent patients in the hospital increases, the median length of stay of patients will continue to increase. We may also expect that, as psychiatric services in general hospitals increase, and as community mental health centers develop, these facilities will absorb more patients. But it is not likely that there will be a decrease in the number of patients treated at McLean. On the contrary, we expect that we will continue to receive an increasing number of patients that are likely to be suffering from the

most serious forms of psychiatric illness which are not suitable for treatment in general hospitals and community mental health centers. Therefore, we can reasonably expect that the length of hospitalizations may continue to increase, not because of the chronic nature of the disease, but because we will probably treat more seriously ill patients requiring more extensive treatment. It will require a major educational effort on the part of the hospital to explain why this is so and this will also present us with a major financial problem. It behooves us to do everything in the years ahead to try to make treatment more effective, more efficient, and, if at all possible, to shorten both the evaluation period and the period of hospital treatment. Even if this cannot be done, we must be prepared at the very least to justify more scientifically than we have been able to in the past (or for that matter, than anyone has been able to do), to convince a sometimes doubting public, including colleagues, of the need for the intensive treatment we provide.

Furthermore, we must relate the length of hospitalization and treatment received to the patient's diagnosis and the outcome of treatment. I think this will be particularly crucial if the government, either federal or state, moves towards establishing a ceiling on the cost of medical care, which seems likely. The public and the government are impatient that the cost of medical care is rising at a faster rate than the economy. We must prepare ourselves for the possibility that the government may step in soon. We may become unable to simply provide the service we feel patients need and charge what it costs us, without some form of governmental control. I foresee that hospitals may be removed from the free enterprise system and regulated like a public utility sometime within the decade. If so, this will greatly complicate patient care.

This new decade then holds promise of both higher achievement and intensified problems of operation. McLean Hospital will not stand still and comtemplate its accomplishments of the past century and a half. It will continue to pursue the innovations which are requisite to its primary mission – providing the best treatment possible for mentally ill men, women and children.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Administrator

For the fifth consecutive year the basic room and care rate was increased because of continued annual increase in hospital costs. On October 1, 1968 the inpatient rate was increased 16.7% from $60 to $70 a day. The fiscal year ended with a net surplus of $19,877 compared with a budgeted deficit of $79,092. Net operating income increased 13% over last year, while expenses increased 13.4%. Deductions from income represented 7.4% of total patient income as compared to 7.6% last year. Salaries and wages represented 75% of total expenses as compared with 73.4% last year.

Of the 316 inpatient hospital admissions during the past year, 261 (83%) were covered by third party hospitalization insurance, including 14% from Medicare. The insurance recovery of approximately $1,436,300 represented 21.8% of net patient billing, an increase of 3.3% over last year. The average insurance recovery per case amounted to $5,500, an increase of 24% over last year and 83% over the last two years, and represented approximately 68 days of inpatient care, a net increase of 8% over last year.

In September, the functions of the Patients' Receiving Unit, which are unrelated to the Business Office were transferred organizationally to the Public Relations Department and the unit was renamed Communications Services. Processing the monthly payroll on the computer at the Massachusetts General Hospital has been approved and will become operational in January. Little progress has been made in phasing inpatient billing because of other program commitments at the MGH and the lack of time to carry out basic feasibility studies. A decision should be reached next year as to whether or not patient billing can be programmed at the MGH.

During the year $503,849 was expended for capital improvements, including $79,006 for major movable equipment. The criteria for depreciating capital improvements and major movable equipment was redefined by increasing the cost of capital improvements from $500 to $1000 and major movable equipment from $25 to $100. Of the total expenditures $233,264 represented prior year commitments.

Major projects undertaken during the year included renovation of North Belknap III for physician offices; continued upgrading of the main kitchen and bake shop; relocation of the Clinical Laboratory;

replacement of the electrical feeder from the Service Building to the Power House; renovation of the Employee Lounge; air conditioning the Rehabilitation Center and the living rooms of all inpatient units; upgrading Higginson House living room to serve as a functions area; construction of the horse stable; rewiring of Proctor House; partial renovation of Proctor I and II, including the nursing stations, utility rooms and medication areas; construction of the 116-car South parking area; renovation of West Cottage I for the Arlington School annex; renovation of the West wing of Higginson House I for the relocation of the Personnel Department; renovation of Higginson House II for the proposed relocation of the Social Science Department and the Psychotherapy Program; renovation of the South Belknap II kitchen; remodeling of the bathroom facilities on North Belknap I and II; partial repainting of the North Belknap exterior and relocation of the nursing station on North Belknap I.

All phases of the renovation and remodeling activities from planning to implementation have become a major commitment in the overall direction of the Department of Plant and Operations, with more effective programming and at significant cost reductions. Rapid acceleration of construction costs, upgrading of functional and aesthetic criteria, and unanticipated program requirements have resulted in an unplanned commitment of capital funds and will require complete re-evaluation of the 1968-1972 five-year capital improvements plan initiated last year in terms of priority and capital requirements.

Routine planning and maintenance activities included stripping and painting of exteriors of West Cottage, Pleasant Street Lodge, Hill Cottage, Ledge Cottage, and portions of East House, the Garage and South Belknap. The interior paint program included patient rooms and staff offices on North Belknap, Upham House, Bowditch, Codman House, East House I, Service Building, West Cottage I and Higginson House I; dumbwaiter shafts; hall kitchens; and food handling areas. The Department processed 4420 routine and emergency requisitions and requests, a reduction of 21% below last year. Fuel reductions of 6.3% below last year were realized, but these savings were offset by an increase in electrical current of 7.4%. Philip Gange, General Foreman, retired during the year and was replaced by Donald Megliola.

The Department of Grounds and Transportation continued with its program of upgrading the perimeter and wooded areas around the

hospital. The South parking area was completed and has helped considerably in reducing parking congestion. A survey of the hospital landscaping has been completed and a planned program of upgrading shrubbery areas will get underway next year. Two new trucks were purchased to replace two smaller obsolete vehicles. The 20 hospital vehicles traveled 64,500 miles, a 9% reduction from last year. In July Mr. Edward LaRosa retired after 21 years of dedicated service to the hospital. Mr. Howard Gallant, Director of the Department, is planning to retire next year and the future direction of the Department is under discussion at this time.

The continued upgrading of the Dietary Department is nearing completion, with the renovation of the main kitchen, bake shop and food service areas. The walk-in refrigerators will have to be replaced within a year or so. Veda Rochette resigned as Director of the Department and, on June 1, was replaced by Mary Branston, Administrative Dietition. Work schedules were re-evaluated which resulted in the elimination of the positions of Administrative Dietitian and a part-time dietary aide. Documentation of departmental activity was initiated; job descriptions completed; self-evaluation forms instituted; training programs for employees outlined; an equipment file was set up; the goals and objectives of the Department were outlined; and a job procedure book was started. The utilization of the cafeteria by the patients for breakfast has been disappointing but does meet the needs of a few patients. Patient activities involving food have continued to increase, with food occupying a central position in many of the patient activity programs. The Department has initiated a program of working more closely with all patient units in planning for patient food needs, including group activities, and will continue to expand in this area next year.

The Building Service Department has kept pace with increasing demands in a shrinking labor market. Logistical problems of waste disposal resulted in the introduction of plastic trash bags which has eliminated the awkward handling of metal barrels and has reduced the number of man hours to accomplish this task. During the year a departmental schedule and procedure manual was developed and will be distributed for general departmental use in the near future. The problems associated with clutter in patient rooms, particularly adolescent patient rooms, have not been resolved at this time. However, this issue is generally regarded as clinical, rather than administrative, in nature. The Department has been hampered by

inadequate and limited office and storage space which should be resolved next year.

The Laundry has continued to operate with a high degree of effectiveness and a stable work force. A program of supplying uniforms to all service departments was completed and absorbed within the Department without additional personnel. The use of dual linen containers and garment racks has improved production schedules and reduced man hours. The linen delivery schedule was revised to provide for a more adequate linen distribution system. During the year, the Department assumed responsibility for the transfer of patient belongings and initiated a new patient property disposition form which should eliminate the need for long-term storage of patient property. The ongoing program of replacing the drapery hardware and drapes on patient units is approximately 50% complete and should be finished next year.

Dictating capability was significantly improved by the installation of a modern telephone dictation system in the Medical Records Department. Some improvement has been made in the physical facilities of the Department but relocation and consolidation continues to be a long-term goal. Quarterly statistical reports received from a central computer system supported by the National Association of Private Psychiatric Hospitals has not met the hospital's overall needs and probably will be discontinued next year. The need for a more effective hospital information system has been recognized and the use of a computerized system is presently being explored.

The continued expansion of hospital programs and employment of additional personnel have taxed the telephone system to capacity and resulted in the decision to convert from the PBX system to Centrex II system which should become operational in April 1970. It is expected Centrex will not only be a more effective method of communication within the hospital and the community, but will also provide a more efficient method of cost accounting.

The decision to provide effective personnel administrative services resulted in a major expansion of the Personnel Department and relocation to more spacious quarters. Richard Orton, B.A., joined the staff in November as Personnel Assistant and Lawrence Blume, B.S., in June as Assistant to the Personnel Director. Areas receiving special attention during the year have been employee relations; wage and salary administration; federal and state labor regulations; recruitment

of minority groups; and employee orientation. To complete the current departmental expansion program, the position of training specialist will be requested in next year's budget. Even though the minimum wage remained at $2.00 an hour, there was a general upgrading of salary ranges at the beginning of the fiscal year. The difficulty of filling many positions in the service departments has been relieved somewhat by recruiting non-English speaking employees. To meet the communication needs of this group, an intensive basic English speaking course was instituted at the hospital, using the facilities of Arlington School. Eleven employees enrolled in February and nine in September. During the year 2000 applicants were interviewed by the Personnel Department and 375 employed, as compared with 1607 interviewed and 404 employed last year. Direct recruiting cost for media advertising and agency service fees increased from $59 per employee hired in 1968 to $69 in 1969. Even though the employee to applicant ratio decreased in the last year from 1:4 to 1:5, employment efforts in filling jobs in nearly every category have been improved in quality and effectiveness and have reduced department head involvement in the pre-employment process. The policy of fringe benefits for part-time employees was redefined and made hospital-wide to include nursing care personnel. In January McLean Hospital became a participant in the Massachusetts General Blood Bank program with an initial contribution of 190 pints of blood by hospital personnel. The program provides unlimited free blood for personnel and their immediate families as defined under the conditions of program participation on an annual basis.

At the third combined annual personnel/volunteer reception and tea held in June, 135 members of the hospital family, including 100 employees and 35 volunteers, were honored for a total of 1374 hours of service. Orazio Oteri received recognition for 58 years of service on the occasion of his retirement. It is our understanding that Mr. Oteri had the longest record of service of any employee in either division of the Massachusetts General Hospital. James G. Lentini was honored for 50 years of service; Herbert Davidson for 40 years of service; Mr. and Mrs. George Durham, Thomas Crapo, and Daniel Coleman for 35 years of service; Mildred C. Makin, R.N., Ed.M., then Assistant Director, School of Nursing, for 30 years of service; and Jordi Folch-Pi, M.D., Director of Scientific Research, Joseph Gatto, Mrs. William Johnson and Bridget T. Pomphrett for 25 years of service. Four employees were honored for 20 years of service; 21

employees for 15 years of service; 20 employees for 10 years of service and 40 employees for five years of service. Seven employees retired during the year, increasing the total number of pensioners to 80.

This report has summarized the major events that have occurred in the non-clinical services of the hospital during the past year. Inflation, particularly increases in medical and hospital costs, is a major national concern. Quality psychiatric care requires well trained clinical and supportive personnel who must be paid adequate, competitive salaries. Annual increases in hospital rates have not significantly affected the hospital census and have been partly offset by less expensive partial hospitalization and aftercare programs. Hospital insurance is making it possible for a larger segment of the population to finance quality inpatient psychiatric care, but long-term inpatient treatment programs severely strain available financial resources.

The continued progress made during the past year could not have been achieved without the understanding of the Board of Trustees, the McLean Hospital Committee, the Director of the hospital and the cooperation, loyalty and untiring efforts of all department heads and personnel.

HENRY J. LANGEVIN
Administrator

Report of the Psychiatrist in Chief

The Psychiatric Service and Research Programs

A major outcome of the foresight of those who developed McLean has been the creation of one of the very few settings where seriously ill psychiatric patients of all types (except young children, at present) can be cared for optimally. The staff, the buildings, the grounds, the apparatus, are sufficient to permit every patient, every day, to receive all the time-consuming human care which, as far as is known, can benefit him. Such a hospital is not common today and may possibly become more rare tomorrow; however that may be, it imposes upon the staff that type of responsibility which unusual opportunity always entails. The chance to provide optimal treatment for each patient means a heavy demand upon the discrimination and judgment of the staff, and an overriding responsibility to analyze and appraise our programs in such a way that what is learned may be objectively evaluated and disseminated.

The year has brought many changes designed to forward this general set of aims. One step was reactivating the position of Director of Clinical Psychiatry. He is responsible for the Psychiatric Service and for the coordination of all the clinical services of the Social Work, Nursing, Activity Therapies, Psychology, and Patient Education Departments, the Day Care Center, the Outpatient Department, Aftercare Services, Resident Education and all the other activities in the hospital which have clinical importance to the patient and his family. In close collaboration with the Director and the Psychiatrist in Chief, this position creates at the department level a model of the team approach so important to patient care on the various patient units. The annual report on the clinical psychiatric program presented by Stanley H. Eldred, M.D., Director of Clinical Psychiatry, reflects the informed leadership which he has brought to the position from his combined clinical and research experience. His special combination of abilities promises much for the future of both the clinical and clinical research programs at the hospital.

Clinical and behavioral research has been slow to develop but began, during the year, to show the results of greater attention. The

reports of the research activities of Mark D. Altschule, M.D., Consultant in Clinical Psychiology, and Jordi Folch-Pi, M.D., Director of Scientific Research, appear elsewhere. Norbett L. Mintz, Ph.D., carried his study of the ethnic aspects of psychiatric disorder into the field and is currently collaborating on a study of Navajo emotional disorder in Arizona; Sophie Mintz, his wife, is a collaborator as well.

Jacob Christ, M.D., Psychiatrist in Charge of the Outpatient Clinic, Richard J. Bonier, Ph.D., Shirley Goldstein, M.S.S., John B. Spillane, M.D., and Marvin Snider, Ph.D., conducted a study in the Outpatient Clinic of the effectiveness of short-term treatment of adolescents in crisis. They tried to distinguish those crises precipitated primarily by inner maturational changes from those whose origin lay primarily in a crisis in the family stability and planned treatment programs accordingly.

Mollie Grob, S.M., and her collaborators have carried out a five year follow-up study of the treatment of a large group of hospitalized adolescent patients. About 95% of the patients' families provided full information; their accounts will give valuable new insights into the relation between hospital treatment and the patients' careers after discharge.

Stephen L. Washburn, M.D., Director of Day Care, and Richard H. Longabaugh, Ph.D., Chief of the Social Science Department, have undertaken a controlled study of the comparative outcomes of inpatient and day care treatment. While still in the initial stages, the findings will be particularly pertinent to the costs of psychiatric care, since there is some ground for suspecting that certain patients do better in day care treatment than in more expensive inpatient care, while the manifest value of inpatient treatment for other patients emphasizes the need for improved criteria for selection of treatment.

Helen J. Kenney, Ed.D., and William C. Kvaraceus, Ed.D., are continuing their study of games and other experimental educational strategies tailored to the needs of high school patients at the hospital, many of whom are patients precisely because of problems of school adaptation.

Maurice Vanderpol, M.D., and his collaborators, Alfred T. Suescum, M.D., and Brian Bouton, M.D., have extended their work in the Needham Public School System to school systems of other neighboring towns. They are applying to the school systems techniques of mediate intervention in personal and group crisis

situations. This has proved increasingly promising as their practice gains experience. They have been successful in teaching their type of community psychiatric intervention to a group of students and are assessing their teaching efforts.

The Neurophysiology Laboratory, under the direction of Howard T. Hermann, M.D., devoted most of its attention throughout the year to the study of the neural activity underlying eye movements. Originally this study was conducted in fish and reptiles; apparatus was developed to allow for the positioning and artificial respiration of the animal while stimulation experiments were conducted. Fish, for a number of reasons, were the most valuable subjects since the accessibility of the optic tectum in fish and the usual eye movements of fish were best for stimulation and evoked potential studies. Large slow depolarization potentials (slow waves of about 100 millisecond duration), were found to precede eye saccades (a type of eye movement) in the valvula of the cerebellum and similar waves in the tectum and in the outer layers of the cerebellum followed the eye movements. Other studies, with Marta Zaidenberg, M.S., demonstrated the activation of pineal potentials by stimulation of the extracranial neural pathways leading to the pineal.

A new Neuropsychology Laboratory was established during the year, under the direction of David Ingle, Ph.D. This laboratory has been devoted to the study of brain mechanisms effecting stereotyped behaviors in fish and anuran amphibians. Primary effort was directed at establishing the ways in which the optic tectum mediates feeding and flight responses to visual stimuli, and the ways in which these reponses are modulated by impulses arriving from other areas of the nervous system. The research strategy included the detailed study of behavior mechanisms by film analysis, surgical disruption of components of the system, electric stimulation or lesions in the forebrain or thalamic related systems, and single unit recordings (including recording from the free-moving animal). Allied studies of the effects of alcohol on evoked potentials and on unit histograms of the fish tectum, and associated behavior studies of the effects of alcohol have been completed. Neuropharmacological studies on the effects of serotonin blocking agents are planned by Miss Zaidenberg, who has studied electrical activity in the pineal evoked by stimulation of the superior cervical ganglion and the peripheral sympathetic system, in association with the Neurophysiological Laboratory.

ALFRED H. STANTON, M.D.
Psychiatrist in Chief

Report of the Director of Clinical Psychiatry

The revolutionary moral, economic and educational changes over the past decade in this country have demanded increasingly complex alterations in the role of the mental hospital. The Psychiatric Service has anticipated and responded to changes such as: (1) the increased number of hospitalized patients under 21 years of age; (2) the increasing percentage of people admitted because of severe characterological problems and pathological habituation to drugs and alcohol; (3) our increased awareness of techniques for preventing hospitalization; (4) the demands for expanded aftercare facilities to minimize re-hospitalization; (5) the rising costs of hospital care requiring the creation and delivery of more efficient treatment modalities of improved quality; and (6) last but not least, the necessity of providing our total clinical staff with training in these new treatment modalities and clinical concepts. These are some of the problems of today and what follows describes something of what we are doing about them.

While maintaining time tested methods of individual-oriented treatment, we have developed and continue to innovate a variety of new group techniques both on the various wards and in the social-recreational areas of the hospital. The pioneering contributions of Paul M. Howard, M.D., Associate Director of Clinical Psychiatry, to the increasing involvement of patients in the affairs of the hospital community have been enhanced and extended by the development of meaningful group-type involvements of patients and staff at the hall level. On each ward the patient group is taking more responsibility for initiating and carrying out recreational and occupational activities in and outside the hospital. There are, in addition, groups whose goals are to discuss and work out the vicissitudes and rewards of living and working together on the ward. The Activity Therapies Department has been most useful in its program for sensitizing physicians, nurses, nursing aides and patients to the positive uses of ongoing group processes on the hall.

The Admissions Unit, under the direction of Michael D. Robbins, M.D., assisted by Philip Kelleher, M.D., has been accepting most of the patients admitted to McLean Hospital for the past year. As expected, it has made for more thorough and efficient evaluations of newly admitted patients. In addition to improving treatment during

these early, crucial days of hospitalization, it has provided for many patients intensive care sufficient to make prolonged hospitalization unnecessary. The development of an evening forum where families of newly admitted patients can discuss their mutual problems has diminished the anguish and anxiety inherent in the admission of a relative to a mental hospital. Future efforts of this unit will be to develop methods for more complete pre-admission evaluation, increased involvement of family members in the patients' treatment program, and the development of mechanisms to provide more intensive, short-term treatment to patients, where it is clinically indicated. While the goal of these efforts is to minimize the duration of hospitalization, those patients for whom extended hospital treatment is indicated will continue to receive this vital service.

Computerized methods for the routine measurement of individual patient change are being developed. This will eventually provide the clinician with data from which he can assess more rapidly and accurately the effectiveness of an individual patient's treatment program. It will also be possible to estimate more objectively the overall utilization of our treatment facilities.

The work of a long standing committee for the development of an adolescent program and a specific adolescent unit has seen fruition in the establishment of such a program and unit. The unit contains a hall for young men and a hall for young women under the charge of Martin A. Miller, M.D., and Richard Sens, M.D., respectively. The committee is actively developing inpatient and aftercare programs for this unit as well as for those adolescents who reside on other units. Coordination of such programs is assured by the working committee members, who represent all departments involved in working with these patients. Plans for the future include the development of more specific criteria for the milieu requirements appropriate to the gamut of psychiatric problems presented by our adolescent population. This will entail more sophisticated methods for the routine measurement of clinical change which is part of the hospital-wide plan now just beginning.

The Day Care Center, under the guidance of Stephen L. Washburn, M.D., Director, has traditionally provided partial hospitalization for patients who are in the process of leaving the hospital. A smaller number have been admitted directly from the community as an alternative to total hospitalization. In the immediate future the Day Care Center will accept a significant number of selected patients

directly from the Admissions Unit. This step is one attempt to create new modalities for delivering psychiatric care, while minimizing prolonged hospitalization. The quality of care provided and the effectiveness of treatment will be under constant scrutiny and will be systematically compared with treatment on two inpatient wards.

The care of patients after leaving the hospital has long been established as a crucial factor in decreasing the recidivism rate. Currently such aftercare is provided by the psychiatrists and staff of the hall from which the patient leaves the hospital, by the Day Care Center and by psychiatrists and social workers who may not be directly connected with the hospital. To these facilities will now be added a halfway house organized and directed by Richard D. Budson, M.D. This house is appropriately located in downtown Boston near major educational facilities and employment opportunities. Barring unforeseen difficulties it will begin accepting residents early in 1970. It is highly probably that aftercare is an area which will require increasing commitment on the part of the hospital and will demand the utmost of imaginative, creative programs structured to meet the clinical requirements of each individual.

Arthur J. Cain, M.D., has been in charge of the Office of Psychotherapy since July 1st. In addition to coordinating psychotherapy of inpatients he is undertaking the study and definition of factors which make for better "matching" of patient with psychotherapist, a study which will include the assessment of results of psychotherapy.

In recognition of the need to extend psychiatric services to all age groups, we have been developing plans over the past two years for a McLean Children's Center. Under the coordination of Lawrence A. Stone, M.D., a large number of physicians, architects, mental health workers and concerned private citizens have spent thousands of man hours refining the treatment philosophy, physical structure and community responsibilities of this facility. The first concrete manifestation of the McLean Children's Center will be a building which will accommodate 40 mentally ill children under 13 years of age. In accord with the concept of "total treatment" these children will be provided with the best of psychiatric, medical, educational, rehabilitative and recreational services according to their individual needs. In addition, we anticipate providing day care and outpatient treatment and educational services to the children from the surrounding communities as well as consultation services to their

families. As planned now, construction will begin in 1970 and upon completion will add another dimension for delivery of psychiatric services, for training professionals in the mental health field and for further development of research at McLean Hospital.

Family involvement with patient treatment is an important factor in the outcome of most patients' hospital career. Only occasionally can it be justified on clinical grounds that the family be isolated from the patient for prolonged periods. David Blau, M.D., directs family therapy at McLean Hospital and continues to refine the clinical criteria for prescribing such an approach. Formal family therapy is not suitable for all families and other means of participation in the treatment program are being created. At the present time, despite great efforts it is difficult to maintain maximum therapeutic communication and involvement with families particularly if they live at a great distance. The Admissions Unit will continue to develop techniques for more meaningful family involvement in the treatment program.

Irene Jakab, M.D., has adopted diagnostic and treatment modalities in gerontological care which are increasingly responsive to changing patterns of care in the community at large. The salutatory influence of insurance programs for the mentally ill in the older age groups has necessitated significant changes both in treatment planning and in medical record keeping. Highly skilled psychiatric and physical treatment in the context of an active, cheerful and hopeful milieu permits many of these people to return to their families and lead more satisfying lives.

The excellence of a hospital is in part measured by the vitality and quality of its teaching. The Resident Training Program has continued to develop, retaining that which has been traditionally useful while being responsive to the training demands of a changing culture. Harvey M. Shein, M.D., was appointed Associate Director of Resident Education this year. In addition to his serious involvement in neurophysiological research and his outstanding role as a teacher of psychiatry he has assumed many of the administrative responsibilities of this program. McLean now has an approved three-year residency training program in psychiatry which prepares the young psychiatrists for positions of leadership in the clinical, academic and research aspects of psychiatry. As a hospital we are enormously dependent upon our residents, not only for the training-oriented services they perform, but also for the new ideas they bring and for

their stimulation of the intellectual and clinical development of their mentors. The residents acquire an excellent foundation in psychopathology, growth and development of personality, psychotherapy, clinical neurology, psychopharmacology, group dynamics, family dynamics and clinical management. They also receive training in child psychiatry and in consultation on medical and surgical services. Increasingly, however, the residents are being exposed to their role as a psychiatrist in the community. This is achieved through supervised experiences in public school systems, prison systems, and university settings. Plans for the future will emphasize more training in providing services to the less favored socio-economic groups of our society.

Training does not stop with completion of the formal requirements for any professional in mental health work. Doctors, social workers, nurses, activity therapists and nursing aides must keep up with developments in their own fields and be aware of changes in the broader field of psychiatry. To do otherwise is to guarantee mediocrity and to invite obsolescence. For these reasons, Mildred C. Makin, R.N., Ed.M., Acting Director of the Nursing Department, has begun a program of in-service training for the Nursing Department. While still modest, it has already had a discernible impact on improving patient care and reducing staff turnover. Many of the staff psychiatrists have volunteered for special training experiences in group processes. The American Psychiatric Association supports this kind of post-graduate education. We will continue to create new programs for all clinical departments as rapidly as appropriate training experiences can be developed.

The contributions of the patients and their families to the development and growth of McLean Hospital and its staff cannot be underestimated. Their contribution, along with the mutual cooperation of all departments, is resulting in a more friendly and pleasant place in which to live and work effectively. These therapeutic developments would not have been possible without the foresighted support of the Director and of our Trustees in fostering such expansion of the concept of dynamic humanism.

STANLEY H. ELDRED, M.D.
Director of Clinical Psychiatry

Report of the Outpatient Clinic

During the past year the Outpatient Clinic has continued to grow, although at a slower rate than in previous years. Inquiries numbered approximately 796, or 100 more than the year before, and the total number of interviews increased from 10,712 to 13,068. Behind these figures stands the work of a great number of people, both professional and clerical, who made it possible to render a variety of services to the community surrounding McLean Hospital. Approximately 60 new cases are evaluated every month, with an estimated 100 cases in individual ongoing psychotherapy, and a total of 17 ongoing groups designed for group psychotherapy. A dozen or so families are being seen in family therapy and usually relatives of referred patients are interviewed in the Clinic either as part of an ongoing evaluation or in the context of ongoing therapy. A total of 195 patients were seen primarily for administration of psychotropic drugs. Among the patients seen in the Clinic were a total of 49 cases treated for the Department of Welfare, Medicare, Medicaid, the Division of Child Guardianship, or the Massachusetts Rehabilitation Commission. Another 30 were covered by some form of health insurance. Thirteen high school students who attend the Arlington School on the grounds of the hospital, were treated under the auspices of the Commonwealth of Massachusetts, Division of Special Education, Law 750.

Among the established programs, individual psychotherapy and group therapy are carried out under the supervision of a number of senior staff members. Marvin Snider, Ph.D., who had been instrumental in initiating and supervising a family therapy program, unfortunately left in the summer of 1969. John Pearce, Jr., M.D., has increased his services to the hospital and is currently contributing in a major way to the family therapy program, which is now under the leadership of David Blau, M.D.

Innovative treatment programs were primarily in the field of group treatment. The year before, a specialized group for the intake and evaluation of new patients had already been formed under the supervision of Enid Caldwell, M.D. The intake group has continued and expanded in the past year to include a large number of our patients. It is particularly good experience for those for whom group treatment is a definite possibility because they can experience for

themselves what it is like to be in a treatment group. Here they are evaluated first-hand by competent staff members who determine whether a group mode of treatment is suitable for them.

A new treatment method for the Outpatient Clinic is the treatment of married couples in groups encompassing four or five couples. At present, three groups centered around marital problems are in operation. We also formed a group for the parents of those pupils who are enrolled in the Arlington School and in treatment at the Outpatient Clinic under Chapter 750. This group was formed to help parents deal with their many questions about their disturbed youngsters and to allow them to share their experiences.

The research project on adolescents in crisis, sponsored by the National Institute of Mental Health, came to the end of its data-gathering phase during the past year. Richard Bonier, Ph.D., Dr. Snider, Shirley Goldstein, M.S.S., and Jacob Christ, M.D., Psychiatrist in Charge of the Outpatient Clinic, have presented the preliminary data to various national audiences. Follow-up work continues under the supervision of Mrs. Goldstein. Major work on the gathered data is now in process under the responsibility of Dr. Bonier, with the help of general research funds.

As in previous years, consultation is provided by the McLean Clinic to the public school system of the town of Lexington, to the Waltham Office of the Family Counselling Service Region West, and to the Metropolitan State Hospital.

There were few internal changes in the Clinic, a fact which has undoubtedly added to its stability and ability to handle a considerable work load efficiently and without major expenditure. Much of this stability can be attributed to the effective working of Lois Burger, Executive Secretary in charge of the office, and her able and devoted staff. The office staff of a clinic which has more than 40 different visiting professionals doing therapy has indeed a considerable job maintaining good communication, collaboration and harmony, while at the same time taking care of record keeping, bookkeeping, assigning of office space and doing all secretarial work.

The Social Service Workers may be considered the core of the Outpatient Clinic operation. Much of the inquiry and intake work is organized by only three full-time and four part-time social case workers. To the Clinic's regret, Mrs. Goldstein, who had presided over five years of rapid development of the new Clinic, had to leave her post as Supervisor of Social Case Work. Fortunately the Clinic

was able to secure the services of Anne Wallens, S.M., who has in a very short time taken over a major work load with unparalleled efficiency and sensitivity to the needs of the Clinic. The teaching program of Simmons School of Social Work and Boston University School of Social Work contributed to the Clinic's social work staff. Two Simmons students and six Boston University students were present in the Clinic for a major part of the year.

The Volunteer Program for family aides, in conjunction with Northeastern University, has also continued to be supervised by the Social Work staff. Volunteers carrying out services as home visitors or counsellors attended one conference a week at the Clinic and were supervised regularly.

The Psychology Department has contributed much time and talent to the Clinic, in the treatment of Clinic patients. In addition, under the direction of Robert D. Schnitzer, Ph.D., the psychology interns made a major contribution by helping in the evaluation and treatment of individuals, groups and families.

The medical staff of the hospital contributed mainly through the supervision and treatment of patients. The Harvard Medical School program, which has supplied medical students for three-week periods, will be changing shortly to a four-week rotation period. While students were expected to learn from the patients they evaluated, it may be said that the patients, in general, also benefitted from their brief, but intensive contact with young professionals. We are convinced that it is possible, through proper selection, to organize a teaching program which will benefit both students and patients. During the summer months, two medical students from other universities availed themselves of the opportunity for a learning experience in outpatient treatment. These two volunteers were ably supervised by Dr. Caldwell.

The Nathan H. Gordon and Sarah A. Gordon Philanthropic Trust deserves our special thanks for having generously supported the operations of the Outpatient Clinic in its first five years. Indeed, the orderly growth of the Clinic was to a large extent possible because of this philanthropic donation and we hope that in the future similar acts of generosity will be possible.

The Clinic has continued to remain an open facility. No geographic or financial limits are imposed, waiting lists are generally short or non-existent and a great variety of therapeutically useful methods, both established and innovative, are available for those in need.

JACOB CHRIST, M.D.
Psychiatrist in Charge
Outpatient Clinic

Report of Hospital Population and Statistics

Last year the Social Science Department undertook a specialized investigation of hospital census. A summary of the findings was included in last year's annual report of that Department. Those findings mainly complemented, but somewhat duplicated, those reported under the above heading. Since last year, the analyses of census data and hospital population and statistics have been integrated under the auspices of the Social Science Department. Accordingly, the results of these studies will be reported in this section.

It was reported last year that hospital average daily census has been slightly but consistently declining since 1964-65. This pattern was continued during the past year (average daily census was 220.8 whereas in 1967-68 it was 222), although this is not apparent from Table II, which reveals that the number of patients in the hospital at the end of the year was nine higher than at the beginning of the fiscal year. This increase can be attributed to unpredictable short-term fluctuation.

The total number of patients legally attached to the hospital includes those discharged on visit as well as inpatients. The number of those discharged on visit remained constant (110), as has the number of patients discharged to on-visit status during the year. The practice of discharging patients to an on-visit status, which was markedly increasing up until three years ago, has stabilized over the past three years. Of patients discharged from inpatient status, approximately three out of five are discharged on-visit, rather than outright.

Average daily census is, of course, a function of two variables: the frequency or rate of patients entering the hospital, and the frequency or rate of patients leaving the hospital.

Admissions

Last year it was reported that the admission rate had continued to fall off. This trend was reversed during the past year, as the hospital admitted 316 patients, 11 more than during the prior year. This reversal can be attributed to the opening of the Admissions Unit.

The most dramatic change in the McLean admission patterns, the decline of patients being re-admitted to McLean, continued during

the past year. Whereas last year the number of McLean re-admissions was 64, during this past year the figure dropped to 56. The consistent decline in average daily census is most directly attributable to this steady decrease. To what factors this decrease can be attributed still remains unsolved. Improved care resulting in less need for re-hospitalization, increased community facilities for after-care, and the increased cost of hospitalization all remain as possible explanations for this decline.

One very surprising finding noted is this: not only is the number of ex-patients applying for re-hospitalization decreasing, but the proportion of hospital acceptances of patients who do apply for re-admission is decreasing! No explanations for this latter fact has yet been found.

A less significant trend reported last year, the decline in the number of McLean patients who were admitted to a psychiatric hospital for the first time, was reversed. The number of patients who were experiencing their first psychiatric hospitalization increased from 113 to 141 during the past year. This reversal too can be attributed to the opening of the Admissions Unit. More patients are coming to McLean simply for diagnostic work and/or short-term hospitalization. The increase is general across age groups and both sexes. Most diagnostic categories also reflected this increase. The increase was greatest for schizophrenic diagnoses (from 29 to 55). Other marked increases were noted for psychotic and non-psychotic organic brain syndromes, affective reactions and personality disorders. Diagnoses decreasing in frequency for patients experiencing their first psychiatric hospitalization were psychoneurotic reactions and adjustment reactions. Whether these decreases are real, or attributable to a decreasing popularity of these diagnostic categories, is unknown.

The number of patients newly admitted to McLean, who had a previous psychiatric hospitalization elsewhere, decreased slightly last year. This decline occurred among patients in the 13-30 age range, and was pronounced for adolescent males. In view of the fact that it is also adolescent males who are most likely to attempt escape and/or be discharged against medical advice, it may be that the hospital is less interested in admitting patients for whom there is a high risk of treatment failure (high risk of treatment failure being indicated both by the fact that these patients have already had one or more prior psychiatric hospitalizations and by this hospital's relative lack of

successful treatment completions for such patients).

In summary, it would appear that the hospital is moving in the direction of being a treatment facility for patients needing their first hospitalization, either for diagnostic evaluation or for long-term treatment. Once the patient has been hospitalized (including a prior hospitalization at McLean) the probability of subsequent hospitalization at McLean seems to be decreasing. However, despite this trend, the average patient admitted to the hospital is still somewhat more likely than not to have had a prior psychiatric hospitalization either at McLean or at some other psychiatric hospital.

The Social Work Department reports that the frequency of inquiries concerning the hospital continues to increase, which suggests that McLean is becoming known to a wider community than has traditionally been the case. That the number of such inquiries resulting in admission does not also markedly increase suggests that the treatment facilities which McLean can make available are suitable for a limited range of persons making such inquiries.

Discharges

The number of patients legally discharged either outright from hospital or from on-visit status during the year was slightly greater than the number discharged during the prior year. This fact is attributed to a larger number of patients being discharged from on-visit status, plus the presence of the Admissions Unit, which promotes a higher rate of patient turnover.

The average length of hospital stay for patients discharged during the year remained the same as last year: from three to six months. This two-year consistency solidly breaks the trend during the previous several years toward an increasing length of legal attachment to the hospital. One noticeable trend was that the percentage of patients being discharged after five years of hospitalization is decreasing. This year it was only 2%. This indicates that the hospital's very long-term patients are not being replaced by others when they leave the hospital.

The patient's condition at time of legal discharge was comparable to that of prior years: the average patient was slightly to moderately improved. As in prior years, the overall distribution of condition at discharge approaches a bell-shaped normal curve. From these data one would conclude that the efficacy of hospital treatment has remained at a level comparable to that maintained over the past

several years.

When length of stay and condition at legal discharge are considered jointly, an interesting finding emerges. Patients judged most improved were apt to have spent more than three months in legal attachment to the hospital; patients with intermediate levels of improvement were unlikely to have been attached to the hospital in excess of a year; patients judged unimproved or worse were most likely to have been attached to the hospital for either a short period of time (less than 90 days) or a long period of time (in excess of a year). These differences, while modest in strength, are not attributable to chance variations. They are consistent with a common-sense interpretation that the hospital is least likely to greatly benefit patients who stay only a short time, and that as the patient increases his length of hospitalization, he is more likely to be greatly benefited by his stay, or is remaining in the hospital because there has been no improvement or a worsening of his condition.

Destination at legal discharge is comparable to last year's pattern: half of the patients return home; about 25% go to another hospital (most of these to another psychiatric facility); 10% are in their own apartment; scattered others return to school, go to a foster home or other destinations; 5% are deceased. In sum, 70% of the patients leaving McLean are returning to community living outside of a hospital setting.

The percentage of patients discharged prior to satisfactory completion of treatment decreased slightly during the past year. This reversed a long-standing yearly increase in this figure. The one category of unsatisfactory discharge which continued to increase was discharge from absence without authority or from escape (7% of all discharged). As noted above, a selective analysis of this discharge category revealed that this increase was attributable to adolescents, predominantly males. The typical length of stay for adolescents is about 250 days. At present, it is not known whether the likelihood of escape or absence without leave is related to length of stay. What does seem clear is that adolescent patients, especially males, are less likely to complete a satisfactory treatment program than are other patients.

Looking to the Future

As a long-term objective, we are working toward predicting stabilities and changes in the hospital's population, rather than

merely reporting what has already occurred. To the extent that this is possible, it enables more effective planning and use of the hospital's resources. To this end we have been working to identify seasonal changes in variables affecting census and also to make census projections on the basis of long-term trends. We are only at the most rudimentary steps of this work. However, by using knowledge gained concerning seasonal variations in census it is possible to make and test predictions concerning hospital census at specified periods during the next fiscal year. Our first approximation predicts an average daily census of 214 during the 1969-70 fiscal year. If such a prediction were roughly accurate, this would reflect a substantial decline in census from that reported for the year covered by this report.

RICHARD LONGABAUGH, ED.D.
Chief, Social Science Department

TABLE I – ADMISSIONS 1968-1969
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A: SOURCE	*1st to Any* M	F	T	%	*1st to McLean* M	F	T	%	*Readm. to McLean* M	F	T	%	*Total Admissions* M	F	T	%
Home	47	56	103	73	29	23	52	44	17	25	42	75	93	104	197	62
General Hospital	8	13	21	15	2	11	13	11	0	3	3	5	10	27	37	12
Psychiatric Hospital	2	3	5	4	26	21	47	39	2	3	5	9	30	27	57	18
Other and Not Determined	7	5	12	8	3	4	7	6	1	5	6	11	11	14	25	8
Total	64	77	141	100	60	59	119	100	20	36	56	100	144	172	316	100
		44%				38%				18%				100%		
SCHEDULE B: DIAGNOSIS																
Psychoses Associated with Organic Brain Syndromes	2	8	10	7	5	2	7	6	0	1	1	2	7	11	18	6
Non-psychotic Organic Brain Syndromes	2	4	6	4	2	0	2	2	0	0	0	0	4	4	8	2
Mental Retardation	0	1	1	1	0	0	0	0	0	0	0	0	0	1	1	0
Schizophrenia	27	28	55	39	19	25	44	37	11	17	28	50	57	70	127	40
Major Affective Disorders	3	7	10	7	1	5	6	5	3	4	7	12	7	16	23	7
Paranoid States	1	2	3	2	1	1	2	2	0	1	1	2	2	4	6	2
Neuroses	8	4	12	9	1	7	8	7	3	2	5	9	12	13	25	8
Personality Disorders and Special Symptoms	13	16	29	21	23	14	37	31	2	7	9	16	38	37	75	24
Transient Situational Dist.	7	6	13	9	6	4	10	8	1	0	1	2	14	10	24	8
Other Psychoses	1	1	2	1	2	1	3	2	0	4	4	7	3	6	9	3
Total	64	77	141	100	60	59	119	100	20	36	56	100	144	172	316	100
		44%				38%				18%				100%		
SCHEDULE C: AGES																
13-20	32	17	49	35	20	16	36	30	2	1	3	5	54	34	88	28
21-30	12	17	29	20	18	18	36	30	6	13	19	34	36	48	84	27
31-40	5	12	17	12	4	5	9	8	7	1	8	14	16	18	34	11
41-50	4	7	11	8	6	7	13	11	3	6	9	16	13	20	33	10
51-60	3	5	8	6	4	4	8	7	2	7	9	16	9	16	25	8
61-70	2	8	10	7	5	3	8	7	0	3	3	5	7	14	21	7
71-80	2	8	10	7	3	5	8	7	0	5	5	9	5	18	23	7
81-and up	4	3	7	5	0	1	1	1	0	0	0	0	4	4	8	2
Total	64	77	141	100	60	59	119	100	20	36	56	100	144	172	316	100
		44%				38%				18%				100%		

TABLE II – PATIENT POPULATION

CHARACTERISTIC		Beginning of Year October 1, 1968				Admitted During Y		
Total Number		In Hospital – 204 On Visit – 111		315		316		
SEX	Male	131		42%		144		46%
	Female	184		58%		172		54%
AGE		M	F	T	%	M	F	T
	13-20	53	47	100	32	54	34	88
	21-30	38	52	90	29	36	48	84
	31-40	18	32	50	16	16	18	34
	41-50	7	17	24	8	13	20	33
	51-60	4	11	15	5	9	16	25
	61-70	6	11	17	5	7	14	21
	71-80	3	11	14	4	5	18	23
	81-Up	2	3	5	2	4	4	8
	Total	131	184	315	100	144	172	316
DIAGNOSES*								
Psychoses associated with Organic Brain Syndromes		2	1	3	1	7	11	18
Non-psychotic Organic Brain Syndrome		4	14	18	6	4	4	8
Mental Retardation		0	0	0	0	0	1	1
Schizophrenia		71	89	160	51	57	70	127
Major Affective Disorders		5	13	18	6	7	16	23
Paranoid States		0	3	3	1	2	4	6
Neuroses		11	20	31	10	12	13	25
Personality Disorders and Special Symptoms		22	25	47	15	38	37	75
Transient Situational Disturbances		14	14	28	9	14	10	24
Other Psychoses		2	5	7	2	3	6	9
Total		131	184	315	100	144	172	316

* Diagnostic categories have been changed to correspond to the APA's Diagnostic Statistical Manual II.

SPITAL

BY SELECTED CHARACTERISTICS

harged During Year			Remaining at End September 30, 1969				Change During Year		
308			In Hospital – 213 On Visit – 110		323		+9 -1		+8
	40%		151		47%		+20		
	60%		172		53%		-12		
F	T	%	M	F	T	%	M	F	T
37	78	25	66	44	110	34	+13	- 3	+10
50	81	26	43	50	93	29	+ 5	- 2	+ 3
27	42	14	19	23	42	13	+ 1	- 9	- 8
18	29	9	9	19	28	9	+ 2	+ 2	+ 4
15	23	7	5	12	17	5	+ 1	+ 1	+ 2
14	22	7	5	11	16	5	- 1	0	- 1
18	25	8	1	11	12	4	- 2	0	- 2
5	8	3	3	2	5	2	+ 1	- 1	0
184	308	100	151	172	323	100	+20	-12	+ 8
10	14	5	5	2	7	2	+ 3	+ 1	+ 4
10	16	5	2	8	10	3	- 2	- 6	- 8
1	1	0	0	0	0	0	0	0	0
63	120	39	71	96	167	52	0	+ 7	+ 7
18	23	7	7	11	18	6	+ 2	- 2	0
1	1	0	2	6	8	2	+ 2	+ 3	+ 5
22	35	11	10	11	21	6	- 1	- 9	-10
38	64	21	34	24	58	18	+12	- 1	+11
12	21	7	19	12	31	10	+ 5	- 2	+ 3
9	13	4	1	2	3	1	- 1	- 3	- 4
84	308	100	151	172	323	100	+20	-12	+ 8

TABLE III
DISCHARGES 1968-1969
BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% Of Total
Home (Parental or Marital)	65	96	161	52
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	24	28	52	17
General Hospital or Nursing Home	8	15	23	7
School	0	2	2	1
Foster Home	3	2	5	2
Deceased	4	11	15	5
Own Apartment	8	22	30	10
Others	12	8	20	6
Total	124	184	308	100
CONDITION				
Recovered	5	12	17	6
Much Improved	24	40	64	21
Moderately Improved	29	42	71	23
Slightly Improved	29	36	65	21
Unimproved	29	40	69	22
Worse	4	3	7	2
Deceased	4	11	15	5
Total	124	184	308	100
LENGTH OF HOSPITALIZATION ON BOOKS				
1- 10 Days	10	7	17	6
11- 30 Days	8	14	22	7
31- 90 Days	33	41	74	24
91-180 Days	24	32	56	18
181-365 Days	16	23	39	13
1- 2 Yrs.	15	34	49	16
2- 5 Yrs.	17	27	44	14
5 and over	1	6	7	2
Total	124	184	308	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
1- 10 Days	10	7	17	6
11- 30 Days	13	19	32	10
31- 90 Days	45	61	106	34
91-180 Days	21	33	54	18
181-365 Days	11	21	32	10
1- 2 Yrs.	12	27	39	13
2- 5 Yrs.	11	11	22	7
5 and over	1	5	6	2
Total	124	184	308	100

Report of the Department of Patient Education

Arlington School

As of September 1969, a second building, two new deans, and ten new faculty faces have been added to the Arlington School scene. The enlarged faculty allows for a class enrollment of six to ten and a greater variety of course offerings; the reluctant student is more likely to participate when he is encouraged to make his own choice of electives, in addition to the basic diploma requirements. The school is also broadening its normal, positive identification by initiating a student forum. From this will evolve *student-initiated* extra-curricular activities, during school time and sponsored by faculty and administration. Existing programs in research, in-service training and the use of local libraries, museums, and related institutions grew. The trend toward increasing enrollment continued, with 60 students enrolled as of September 1, 1969. In 1968-1969, additional staff had to be added at mid-year to serve increasing enrollment; new enrollment had to be suspended briefly while these additions were made. The school was staffed for 90-100 for the 1969-1970 academic year to allow for uninterrupted new enrollment. Fourteen students continue to attend under the Massachusetts PL 750 Program. Also working in the school is a Resource Consultant, whose sole job is to investigate and bring to the faculty a richness of audio-visual aids and subject materials that the individual teacher may be too busy to find for himself.

The Expanded Program

New electives added to the curriculum include: Dramatic Literature, Comparative Cultures, Dramatics, Early European History, Russian History, and Advanced Math and Science. In addition, Mrs. Adair Nagata, consultant on Life Education for 1969-1970, is developing with the faculty materials for a program which would include discussion of sex education and drug abuse, but which will also relate to total environmental issues.

Summer School 1969

The Summer School program continued (1) as a means for students to establish one year's credit and (2) as a means to develop new electives and new curricular devices. Each student, for a total of

one credit, took one two-hour course and one correlated one-hour course. Work in academic games and structural models (Built Form), in particular, have found their way into the curriculum for 1969-1970. Increasingly, film-making and taping techniques from the Media elective are being used in various other courses. Forty-seven students were enrolled; all but four took two courses, a major and a minor. Two-hour courses were offered in: Novel and Film, Media; Comparative Cultures; Biology; Geometry; and General Math. One-hour courses were offered in: Word Play (Academic Games); Leadership Concepts (Academic Games); Games Invention (Academic Games); Built Form; Science Fictions; and General Math.

The absence of bells proved so restful in this summer schedule that bells are no longer used at any time during the school day.

Field trips from January through October 1969 included expeditions to: W.C. Curtis Garden in the Woods; Government Center, Durgin Park for lunch; Aquarium; Kyota Restaurant for lunch; Joyce Chen Restuarant for lunch; Museum of Fine Arts; De Cordova Museum; Brandeis' Electronic Music Chamber; Harvard's Music Chamber; Atomic Energy Plant; Hammond Castle; Middlesex County Court House; "A Flea in Her Ear"; "The Fantasticks"; "The Propositon"; "Death of a Salesman"; "Antigone"; The Moscow Symphony and Russian shows; "Iphigenia in Aulis"; "Adaptation-Next"; "Jefferson Airplane"; "Rolling Stones"; "Oh What a Lovely War"; "Hamlet"; "Yellow Submarine".

College Program

The CLEP program, inaugurated in September 1967, continues. From September to June 1969, nine students were enrolled in courses offered in English and Psychology. In summer 1969, courses were offered in Anthropology, English Literature and Psychology, with an enrollment of 11. Starting October 1, 1969, courses were offered in English Literature, Comparative Religions, Beginning Calculus and Russian History, with an enrollment of 25. Instructors for these courses come from Boston University, Tufts, Harvard and Brandeis.

It is the hope of the Director of the College Program to establish an imaginative and expanding program of studies for the older adolescents in the hospital that will be as appropriate and intellectually stimulating to them as the high school is to the teenagers.

Guidance to Further Education

Seniors for the class of 1969 have been accepted by Boston

University, Metropolitan College and Hiram College in Ohio. It has been the policy of the school to de-emphasize the pressure of college admission immediately after a student's graduation from the Arlington School, and to continue college counseling with him throughout the next year, when he is in better position to know his own strengths and ambitions.

Research

The research program continued under Francis de Marneffe, M.D., Director of McLean Hospital, and Helen Kenney, Ed.D., Research Associate in Education. Doctor Kenney and William C. Kvaraceus, Ed.D., are also on the faculty of Clark University. In fall 1968, a project under the auspices of the National Institute of Mental Health on the use of Games and Games Theory in the classroom was initiated. The project is due for completion June 1970, but the research aims of the project are to utilize games as part of the regular, ongoing classroom work in order to (1) identify emotional, intellectual and interpersonal causative factors underlying individual and group learning problems and (2) provide direct experiences which will aid students to overcome those difficulties that impede the learning process.

Commencement

On Thursday, June 5th, 1969, 13 students received Arlington School diplomas, five received a certificate of completion of studies (these to be exchanged for a diploma upon completion of credit requirements), and one student received a diploma from Belmont High School. The diplomas were presented by George Putnam, trustee of Massachusetts General Hospital and Chairman of the McLean Hospital Committee. The Invocation and Benediction were offered by Rabbi David Weiss, Executive Director, Associated Synagogues of Massachusetts and Chaplain at McLean Hospital. Sidney P. Marland, Jr., Ph.D., was the commencement speaker. Dr. Marland is President of the Institute for Educational Development. This was the fourth Arlington School Commencement and the third held in the McLean Hospital Chapel.

Graduating seniors, their families and guests, and members of the McLean staff involved with the school and the graduating class joined the Headmaster and the faculty for a reception, ably catered by the Dietary Department.

Visitors, In-Service Training and Professional Development

As part of the professional development program, weekly seminars continued with Thomas Frank, M.D., as did meetings with members of other professions involved with adolescents, and discussions with them of the implications of their professional perspectives on educational programs.

The school was host to many distinguished visitors throughout the year including O.W. Amsteenfeldt-Foss, M.D., Director of Mental Health in Norway; Richard Giasson, Director of Secondary and Adult Education, The Sheppard and Enoch Pratt Hospital; Walter Afield, M.D., of Johns Hopkins Hospital; George Meyer, Guidance Director for the Boys' Club of New York, and many others. Requests for information about the school and its curriculum were received from all over the country.

A program in the use of volunteers began in the Spring of 1969 with periodic participation in classes and extracurricular activities by a group of students from Milton Academy. Barbara Zarsky, on her way to her freshman year at Yale, assisted in Media during the summer school session and Martine Yingling, on leave from Wheaton College, performs a similar function during the current academic year (1969-1970).

Kenneth R. McElheny, M.A., Dean, continued his functions as Advanced Placement Coordinator for Arlington School and College Board Reader, English Composition Test and Advanced Placement English Test.

Staff Additions

John Bowdoin, B.S., Springfield College; and Louise Stokes, B.A., Radcliffe College, M.A., Middlebury College, have joined the administrative staff of the school. New faculty members are as follows: Peter Conant, B.A., University of Pennsylvania plus 1½ years at M.I.T. toward a degree in Architecture; Gail Fuhrer, B.A., Tulane University, is presently in the MAT program at Harvard University; Aviva Ginsberg, B.A., London University, returns to the faculty after a year of teaching elsewhere; Barbara Harris, B.A., Vassar, M.A., Columbia Teachers College , returns to the faculty as a resource consultant; Munson Hicks, B.A., Haverford College, joins the faculty as a transfer from the McLean Nursing Department; Edward Morgan, B.A., Oberlin College, transferred from Massachusetts General Hospital; Julie Phillips, B.S., Pomona College is presently

completing her Master's work at Tufts University; Linda Roscoe, B.A., Simmons College, joins the faculty after a year of public school teaching; Beverly Sellers, B.A., Gordon College, was previously a member of the School's secretarial staff; Barbara Tucker, B.A., Radcliffe College, joins the staff as a music teacher.

JOHN F. DUNN, M.A.
Headmaster, Arlington School

TABLE I – ENROLLMENT, COURSES, STAFF

Students	Academic Year 1968-1969 High School	CLEP	Summer '69 High School	CLEP	Fall '69 High School	CLEP
Full Program	67	9	47	11	58	25
Partial Program	6				2	
Tutorial	9					
Total	91		58		85	
Courses Offered	33	2	12	3	50	4
Average Class Size	4.1	4.5	7.5	3.6	4.7	6.2
Staff						
Full-time faculty	11		9		15	
Part-time faculty	1	2		3		4
Tutors (outside)	3				1	
Secretary	3		3		3	
	20		15		23	

TABLE II – COLLEGE BOARD EXAMS

Scores	Verbal	Mathematics
700-799	2	1
600-699	3	2
500-599	6	8
400-499	5	5
300-399	4	3
200-299	0	1

Report of the Laboratory of Clinical Physiology

The work of this Laboratory is best discussed under two heads: (1) intramural, and (2) collaborative. The greater part of all these programs involve studies made by means of methods devised by Zoltan L. Hegedus, Ch.E., M.S. These methods describe in quantitative terms the development of plasma-soluble melanins owing to the polymerization of catecholamines and certain of their derivatives in the blood *in vitro*. These melanins have strong free-radicle activity, and hence are capable of damaging tissue cells. Of the catecholamines, dopamine-derived melanins have far more free-radicle activity than do the others. In the blood all these melanins are capable of damaging red cells, and this hemolytic action can be used to measure the toxic effect.

Intramural Studies

The blood of schizophrenic patients is abnormally susceptible to the toxic effects of the catecholamine-derived melanins. This is particularly striking with the melanins derived from dopamine. At present it is not possible to state whether the susceptibility exhibited by red blood cells is also found in other cells, e.g. those of the brain. However, the method can be used in studying patients' responses to drugs. Whereas remission of schizophrenia is accompanied by the appearance of normal findings with this test, thus far the initial studies of medications have failed to reveal any that abolish the abnormalities found in schizophrenia. Studies of this type can be expected to extend over some years. The staff of the Metropolitan State Hospital, Waltham, has been most helpful in some of these studies.

Collaborative Studies

(a) Wounded men develop something in their blood plasma that makes their red blood cells susceptible to melanin-induced hemolysis. A collaborative study by this Laboratory with a group under the command of C. Robert Valeri, M.D., of the Blood Research Laboratory, Naval Hospital, Chelsea, is now in progress. It has done much to throw light on the *hemolytic anemia of trauma*, a syndrome that has mystified hematologists for three decades.

A collaborative study of this phenomenon in monkeys has recently been instituted with several members of the staff of the New England Regional Primate Research Center, Southboro, Mass. It is possible to carry out studies in monkeys that cannot be made in man. In collaboration with John R. Bergen, Ph.D., of the Primate Center, a study has been initiated of the effects of catecholamine-derived melanins on the brain.

A collaborative study with Professor Rodney T. Houlihan, of Pennsylvania State University, has shown that hyperbaric oxygen toxicity is accompanied, and perhaps caused by, the rapid production of plasma-soluble melanins and also the development of hemolysis. Plans are underway to begin the study of oxygen poisoning in man at nearby general hospitals.

(b) The study of effects of compounds isolatable from beef pineal gland, being made with Aaron B. Lerner, M.D., of Yale University continues with slow progress.

In all this work the Laboratory has been greatly aided by the faithful performance of the technicians, Ullhas Nayak, M.Sc., and Joseph Giancola.

MARK D. ALTSCHULE, M.D.
Consultant on Research in Clinical Physiology

Report of the Director of Scientific Research

Throughout its long existence McLean Hospital has been dedicated not only to the alleviation of mental disease by available means, but to the continuing search for improved forms of treatment and the eventual prevention and cure of these ailments. Within this broad program, the Research Laboratory has assumed, since its establishment 25 years ago, the function of carrying out research on the nervous system in health and in disease by the tools of the basic medical sciences. This is part of the overall hospital activity that may lead both to the elucidation of some of the mechanisms underlying nervous function and to a better understanding of the derangements present in mental conditions. Implicit in such progress is a reasonable hope that it will contribute eventually to the prevention and cure of mental illness.

To carry out this assignment, the Laboratory is engaged in a study of the nervous system, along broad biochemical and neuropathological lines. The progress made during 1968-69 will be presented to the Advisory Committee to the Director of Scientific Research on February 13, 1970. It is described below under two headings: Biochemical Studies, reported by the undersigned and Neuropathological Studies, reported by Alfred Pope, M.D., Neuropathologist.

Staff: During the year, Jerzy Hildebrand, M.D., returned to Belgium and Jorge Leston, M.D., returned to Argentina, as anticipated. David R. Whikehart, Ph.D., joined the staff as a Research Fellow in Biochemistry. With these and other changes, the staff of the Research Laboratory comprised 14 professional people, 13 research assistants, three laboratory assistants and five secretaries, a total of 35 people, which represents two persons less than at the end of last year. This small decrease reflects mainly the difficulties encountered by desirable post-doctoral candidates to secure fellowship support because of the continued shortage of research funds.

During the year, the Laboratory received grants-in-aid from the National Institutes of Health in the amount of $406,248 ($374,999 in direct grants and $31,249 allocated from the General Research Support Grant to the hospital), a grant from the Scottish Rite Committee for Research in Schizophrenia of $2870, and a grant of $1000 from the National Heart Association, bringing the total funds available from outside sources to $410,118. This compares with

$442,597 available during 1968. The decrease reflects mainly the across-the-board cuts instituted by the National Institutes of Health. In practice, the absence in 1969 of non-recurrent expenditures for equipment that had been substantial in 1968, has brought the funds available for the two years to comparable dollar levels.

Biochemical Studies

The innumerable nervous tissue cells, the integrated function of which results in nervous and mental activity, relate to each other by means of their membranes, especially through their synaptic membranes. The same holds true for the numerous organelles and ultrastructures within each cell. Hence, it is not surprising that in 1969, as in previous years, the rallying point of the various independent and parallel biochemical projects being carried out at the Laboratory is their common concern with the macromolecular complexes that constitute the neural membranes, especially myelin and synaptic membranes.

The myelin components of special interest to the Laboratory are the interrelated *proteolipids, trypsin-resistant protein residue* (TRPR), the *polyphosphoinositides* (PPI), and the *sulfatides.* The synaptic membrane components are the *gangliosides* and allied complexes.

The study of the myelin components had dealt with the separation of various proteins from isolated myelin, the procedures of purification of proteolipids, the problem of the nature of the linkages between their protein and lipid moieties, the properties of proteolipids free of adventitious lipids, and of the maximally delipidated protein moiety (apoprotein), the study of their conformation by optical rotatory dispersion (ORD) and circular dichroism (CD) measurements; the study of proteolipids isolated from gray matter and from non-neural sources, the extended study of heart proteolipids, and of cardiolipin; the closely related study of TRPR, and also the complementary study of PPI, of their isolation, their distribution, and their metabolism.

The work on gangliosides has dealt mainly with the biosynthesis of some intermediates, and also with the exploration of procedures to isolate native ganglioside-protein complexes, and thereby, to contribute information on the nature of linkages between gangliosides and protein in the tissue.

In addition the work has dealt with a few projects that are

complementary to the central themes, such as a biosynthesis of sulfatides, the synthesis of radioactive intermediates for use in metabolic studies, certain properties of cholesterol suspensions, and the study of chlorophyll aggregates which is germane to the study of proteolipids from vegetable sources.

Finally, a team effort has been exerted to study the glial cultures that Harvey M. Shein, M.D., has succeeded in preparing. This study will permit rapid and economical gathering of information that, in a laboratory devoted to a narrow approach, would either have been unobtainable or obtainable at a much higher cost in time and effort.

To review briefly the various projects: Francisco Gonzalez-Sastre, M.D., has developed an elegant method for the separation from isolated myelin of the three main groups of myelin proteins, namely, the acid-soluble proteolipid of Wolfgram, the classical proteolipids, and the basic antigenic proteins. Myelin isolated by standard methods is dissolved in chloroform:methanol and a small amount of insoluble material is collected by centrifugation (residue I). To the supernatant is added KCL to a concentration of 0.025 M, and a precipitate that is formed is collected by centrifugation (residue II) leaving a final supernatant. Residue I contains Wolfgram's acid soluble proteolipids; residue II is the basic antigenic protein and the final supernatant contains the classical proteolipids.

The interrelated studies upon proteolipids, TRPR, PPI and sulfatides have been pursued by several investigators. Jordi Folch-Pi, M.D., Director of Scientific Research, and Dr. Gonzales have further documented the earlier observation that variations in the starting extraction of tissue affect the nature of the proteolipid preparation eventually obtained; this is not reflected in the amino acid composition of the proteolipid or on its resistance to trypsin. Rather it is revealed by differences in solubility and it appears to be correlated to the presence of PPI in the proteolipids.

In work on possible procedures for delipidation of proteolipids, aimed both at developing an optimal method for the purpose, and at obtaining information on the nature of lipid-protein relationships in proteolipids, Dr. Folch has found that countercurrent distribution is especially adequate for the rapid delipidation of proteolipids to the point at which they consist of up to 90% protein and they contain mainly acidic lipids. To remove the latter, it is necessary to submit the proteolipid to dialysis in chloroform:methanol:HCl (0.04N) mixtures at room temperature. This indicates an ionic linkage

between the alkaline groups of protein and the acidic groups of the lipids. However, this does not seem to be the whole story and two observations suggest that, in addition to the demonstrated ionic linkage, the lipid moiety may be bound to the protein by another linkage, presumably a non-polar one. The first observation is that when the dialysis in acidified medium is carried out at -12°, delipidation proceeds only to a point at which substantial amounts of PPI and sulfatides are still present in the proteolipid. The second observation is that, at room temperature, the acid medium used hydrolyzes both PPI and sulfatides, whereas they are stable in the same medium at -12°. Hence, it is possible that the dialysis in acidic medium at room temperature has two actions, namely, the expected one of protonating the acidic groups, and a hydrolytic action on the lipid moiety. The products of hydrolysis would most likely be readily dissociated from the protein moiety, and thus the result is maximal delipidation of the proteolipid.

The application of countercurrent distribution to partially delipidated proteolipids suggests the presence of three different fractions. This observation required further work for full evaluation.

The study of the maximally delipidated apoprotein by Dr. Folch, Gwendolyn M. Sherman, Ph.D., and Anne Marie Stoffyn, Ph.D., has shown it to be freely soluble in water. By moving boundary electrophoresis, it shows one major component accounting for 90% of the material and a minor component accounting for 10%. By equilibrium ultracentrifugation, the same two components in the same proportions are found. By acrylamide gel electrophoresis, single bands have been obtained by authors in various laboratories. In our hands the results have not been as favorable; no penetration, or penetration with a single spreading band having been obtained. With some reservations, the foregoing evidence, and that obtained by Lewis C. Mokrasch, Ph.D., independently, appear to suggest very strongly that white matter proteolipid apoprotein may consist of one major homogeneous protein contaminated by small amounts of other proteins.

The chemical study of the apoprotein shows it to have the same amino acid composition obtained with other preparations, to be resistant to trypsin and to be rendered generally insoluble by exposure to 0.1 M sodium citrate, a treatment that had been found to insolubilize proteolipids. Appartently the insolubilization of proteolipids by citrate is not due to an effect on the lipid moiety, as

had been originally thought, but to a direct effect on the protein moiety.

Drs. Folch, Sherman and Stoffyn had judged the apoprotein to be free of lipids on the basis of negative thin layer chromatograms, of P content (0.02%) and of preliminary gas phase chromatograms. Upon repetition of the latter, it has been found that in fact the white matter apoprotein contains up to 2% fatty acids consistently consisting of palmitic oleic and stearic, in order of decreasing concentration. The amount is not decreased, and the pattern is not altered by treatment with acid, by repeated extraction with neutral or acidified solvent mixtures, or by insolubilization by sodium citrate treatment. Although the pattern of these fatty acids corresponds to chromatographically pure phosphatidyl choline isolated from the same white matter, the amount of P present in the preparations is too small to account for the fatty acids present in terms of any known phospholipid.

Dr. Sherman has continued her study of proteolipids by ORD and CD. She has extended her earlier observations that the relatively high -helix content of proteolipids is not affected by graduate delipidation. On solubilization in water of the maximally delipidated protein, the helicity is decreased by one-third to one-half, but this decrease is fully reversible, the original values being restored by redissolution of the apoprotein in chloroform:methanol, or in some other solvents. Methanol, however, reduces the -helix content irreversibly, presumably changing the conformation of the apoprotein permanently. This permanent change is most likely at the basis of the disappearance of -helix in water soluble apoprotein prepared by the original method of Tennenbaum and Folch, in which the apoprotein was exposed to high concentrations of methanol for days.

Working on another aspect of proteolipid biochemistry, Dr. Mokrasch has prepared proteolipid apoprotein from various sources by a method based on passage through LH20 sephadex, followed by chromatography on Dowex 1 x 8. The protein is eluted from the Dowex as one first major peak, which is pure protein and a minor subsequent one which is a mixture of protein and lipids. The protein recovered from the first peak offers no evidence of heterogeneity by a number of criteria that have been applied. The apoproteins thus obtained from bovine white matter, rat brain, kidney, heart and lung show the same general type of amino acid composition, but exhibit definite small differences among them. The apoprotein from bovine

white matter prepared by this method shows no titratable SH groups, disulfide linkages apparently having been formed in the course of the preparation. By comparison, the apoprotein prepared by dialysis shows no change in the amount of free SH groups in the course of its preparation.

In another line of work, Dr. Mokrasch has prepared apoprotein from the brain of rats that had been injected with ^{14}C-histidine. He found incorporation of radioactivity, mainly in the histidine residues. About one-sixth of the radioactivity was found in an amine with the chromatographic characteristics of histamine. Free labelled histidine submitted to the same procedure of purification and hydrolysis as the apoprotein failed to produce radioactive histamine. Hence, it is possible that histamine derived from histidine may be combined with proteolipids *in vivo*.

Joseph Eichberg, Jr., Ph.D., has prepared heart proteolipid by improved methods. The preparation still contains about 5% lipids. It has proved heterogeneous by polyacrylamide gel and by end group analysis. On the gels it exhibits two major components and several minor ones. The dansylation and hydrolysis of the separated two major bands showed in each case aspartic acid and threonine as terminal acids. This suggests that each band represents aggregates instead of discrete molecular citrates. In a related study, Dr. Eichberg has prepared heart cardiolipin of high purity, and characterized it. The study of the metabolism of the fatty acid moieties of cardiolipin has been initiated. Evidence has been obtained for the conversion, in rat liver homogenates, of diacyllysocardiolipin first to triacyllysocardiolipin and to cardiolipin by stepwise acylations. Although cardiolipin is uniquely concentrated in the inner mitochondrial membrane, isolated mitochondria show relatively little ability to catalyze these reactions.

Marjorie B. Lees, Ph.D., and her group have continued work on the SH groups in proteolipids. They have simplified and improved the method of determining free and combined SH groups by alkylation of proteolipids at an alkaline pH in organic solvent media. They found that the increase in free SH groups observed in the 23 hours subsequent to the first one-hour corresponded to the reaction with buried or slowly reacting groups rather than to opening of disulfied linkages. Preliminary findings suggest that the water-soluble apoprotein prepared by dialysis has the same SH group pattern as the intact proteolipid, the conformational change observed during

solubilization in water presumably not affecting disulfide bridges. Finally, they have started the development of the application of their method in aqueous media.

In a closely related study, they have shown that the solubilization of TRPR which has been obtained by a combination of ionic detergents, denaturants, and disulfide reducing agents, could be effectuated by triethylamine alone. Hence, solubilization appears possible without opening of disulfide linkages. The meaning of these observations on TRPR will not be fully understood until identity of TRPR with, or difference from, proteolipids is established.

In the study of PPI, which is so intimately related to proteolipids and TRPR, Drs. Folch and Gonzalez have continued work dealing with the interrelated problems of the condition of PPI in tissues, and with the isolation and characterization of protein PPI complexes, and of purified PPI.

In parallel with this work, Dr. Eichberg and George Hauser, Ph.D., have studied the metabolism and the distribution of PPI in brain. The already well-documented rapid partial disappearance of brain di-(DPI) and triphosphoinositide (TPI) has led to the further investigation of the possible existence of pools of these phospho lipids of different metabolic activities. From 2½ to 3 hours after injection of inorganic ^{32}P, the ratio of the specific activities: TPI/DPI was substantially higher in rat brains frozen immediately after death than in those frozen 10 minutes later, seemingly because of changes primarily in the specific activities of DPI. In another study, the levels of PPI in olfactory bulb, cortical gray matter, thalamus-hypothalamus, cerebellum and brain stem separated and frozen either 75 seconds or 10 minutes after death were compared. The concentrations of these phospholipids were lowest in gray matter and highest in brain stem. The levels of PPI decreased substantially within 10 minutes *post mortem* in all regions except in brain stem.

Drs. Hildebrand and Hauser have continued work on glycosphingolipids. Optimal conditions for the biosynthesis of lactosyl- and triglycosyl-ceramide by rat spleen microsomes have been determined and the latter product has been further characterized. Two enzymes, differing from each other by their lability to heat, the degree of activation by Mg^{++} and the extent of inhibition by various sphingolipids, are present. No competition between the two lipid acceptors was observed. A separate galactosyl transferase is involved

in the formation of ganglioside G_{M1}.

During lactosylceramide biosynthesis in rat brain homogenates age-dependent incorporation of label from UDP-galactose-^{14}C into an unknown substance, which may be a complex of protein with the sugar-nucleotide, was noted. (U-^{14}C) glucose-labeled glucosylceramide was synthesized chemically, incubated with UDP-galactose and the resulting lactosylceramide identified. Optimal conditions for the enzymatic reaction have been established. Activity was similar in several areas of the CNS and high in a synaptosome fraction, but proved difficult to extract. Its age curve was similar to that of the galactosyl transferase yielding ganglioside G_{M1}, but strikingly different from that of the psychosine-forming enzyme.

The latter was also studied in brain, spinal cord and peripheral nerve homogenates from normal and neurologically-deficient ("quaking") mice at two ages. In each case the activity in the preparation from the mutants was about 20% of normal.

In experiments with kidney homogenates from mice of three strains in which the concentrations of glycosphingolipids are markedly different and the diglycosylceramide fraction contains either lactosyl- or digalactosylceramide, the potential for the biosynthesis of lactosyl- and triglycosylceramide was found to be similar. Factors other than the relevant enzymatic capabilities seem to control the levels of these glycosphingolipids.

Many attempts to demonstrate galactosyl transferase activity involved in digalactosylceramide biosynthesis have failed. However, recently it was found that, in the presence of ATP, galactosylceramide can stimulate incorporation of label from UDP-galactose-^{14}C slightly and may be acting as galactose acceptor. Finally, experiments are being continued to confirm the biosynthesis of sulfatides *in vitro* from (1-^{14}C) galactose-labeled phrenosine and PAPS and to determine the position of the sulfate group in the product.

Dr. Stoffyn's group has continued and expanded its work on the chemistry and biochemistry of glycolipids. In order to develop a methodology adequate for the determination of the detailed chemical structure of complex hexosamine-containing substances (glycolipids-glycoproteins) which are available in very small amounts only from different sources within the nervous system, the synthesis of isomeric N-methyl-di-O-methyl-glucosamines and galactosamines has been accomplished or is underway. These substances are necessary as reference compounds of known structure for the

characterization of hexosamine derivatives obtained after methylation of natural substances with the remarkable technique using CH_3I in the presence of dimethylsulfinyl carbanion.

Separation and identification of these new N-methyl derivatives have been accomplished by GLC and mass spectrometry, or by ninhydrin degradation into known methylated pentoses. Further miniaturization of the procedures is being attempted by using radioactive methyl iodide for the methylation. This would make it possible to detect and quantitate the products by radioactivity counting.

In support of previous studies of the behavior of methyl galactoside monostearate esters in positions 3, 4 or 6 during methylation by different reagents, and which gave uncertain results in the case of the 4-stearate, the syntheses have been accomplished of corresponding methyl galactoside 3, 4 and 6-monoacetates. As in the case of the 4-stearate, the 4-acetate is very labile and migrates to C-6 even under very mild conditions.

In collaboration with Dr. Hauser, the *in vitro* biosynthesis of sulfatides from ^{14}C labelled phrenosine (previously synthesized) and phosphoadenosine phosphosulfate (PAPS) prepared from yeast has been demonstrated.

Using the micro method previously developed for the synthesis of ^{14}C labelled phrenosine, ^{14}C labelled glucocerebrosides have been prepared and this product was used by Drs. Hildebrand and Hauser in the study of the biosynthesis of lactosyl-ceramide sulfatides from ^{14}C labelled phrenosine (previously synthesized) and phosphoadenosine phosphosulfate (PAPS) prepared from yeast has been demonstrated. Also, using the micromethod previously developed for the synthesis of ^{14}C labelled phrenosine, ^{14}C labelled glucocerebrosides have been prepared and this product has been used by Drs. Hildebrand and Hauser in the study of the biosynthesis of lactosylceramide.

In a spontaneous team effort, a number of investigators have contributed to the biochemical study of the astroglial cultures made available by the work of Dr. Shein. Dr. Mokrasch has studied the free amino acids of the glial cultures in parallel with the free amino acids of hamster neonatal and mature brains, and of mature rat brain. Astroglial cultures show a pattern which differs in many respects from that of either neonatal or mature brain.

Drs. Eichberg and Hauser have demonstrated the incorporation of

^{32}P, ^{14}C-glucose and ^{14}C, ^{14}C-Na acetate into the lipids of cultures of normal astrocytes from the brains of newborn hamsters and of transformed astrocytes from adult brain and have compared it to the labelling of suspensions of newborn hamster brain. Dr. Lees has determined the ion content of astrocytes and found that they cannot be considered high Na cells, as had been advanced by some workers. Finally, Dr. Stoffyn's group is collaborating with Helen H. Hess, M.D., on the study of glycolipids of astrocytes and of astrocytomas.

A number of other projects have been carried out by the various investigators. Dr. Sherman has investigated chlorophyll aggregates by circular dichroism as a preliminary foundation for later studies of proteolipids and other protein lipid complexes in chloroplasts. Dr. Mokrasch has developed a method for the determination of proteins in lipid extracts. Drs. Whikehart and Lees have investigated the behavior of crystalline and amorphous cholesterol suspensions in water in a continuous particle electrophoresis apparatus. They have found that crystalline cholesterol particles will migrate toward the anode in the presence of large negative ions at neutral and alkaline pH's, whereas amorphous cholesterol particles showed no mobility in the systems used. Cholesterol esters, either crystalline or amorphous, behaved like crystalline cholesterol. The mobilities were not concentration dependent and their values were quite reproducible. These observations may be relevant to a consideration of the role of cholesterol in membranes.

Neuropathological Studies

(This section of the Annual Report submitted by Alfred Pope, M.D.)

During 1969, multiple lines of investigation on the quantitative histochemistry of normal and pathological brain tissue have continued. The nature of these programs and progress made during the year may be summarized as follows:

The twenty-year program on the enzymatic and structural chemo-architectonics of normal and pathological human cerebral cortex (general direction of Dr. Pope) has essentially been completed. With respect to normal specimens, the remaining agenda consists principally of additional correlative anatomical studies. During the year, emphasis was upon comparative microchemical structural and enzymatic analyses of pathological frontal isocortex (area 9). Further specimens of Alzheimer's disease were added to an

accumulated series, and experiments performed by Larry J. Embree, M.D., and Dr. Hess to determine the quantitative intracortical profiles in relation to cytoarchitectonic structure of eight selected biochemical structural components (classes of proteins, nucleic acids, and complex lipids) and of enzymes (adenosinetriphosphatases) concerned with energy transfers (magnesium stimulated ATPase) and with active transport of sodium and potassium ions producing polarization of neuronal membranes (sodium, potassium ATPase). Results have been consistent with previously reported findings. Gangliosides were strikingly reduced in all cortical layers corresponding with neuronal cytopathology and degeneration of neuropil. Reductions in ATPase activities were less constant but indicative of relative degrees of damage and destruction of neuronal plasma membranes (NaK-ATPase) and/or intraneuronal organelles including mitochondria and microtubules (Mg-ATPase). In one elderly (78 years) but anatomically normal brain, the concentrations and intralaminar patterns of the same classes of structural compounds and of ATPases were within previously established normal limits (Drs. Embree and Hess). ATPases only were analyzed in a cortical biopsy specimen of Canavan's spongy degeneration (Dr. Embree). Neither their intracortical profiles nor overall activities differed significantly from previously observed ranges in adult normal human cortex or in a single comparable age control specimen. Finally, in another autopsy specimen of normal cortex acetylcholinesterase and dipeptidase (vs L-alanylglycine) activities were determined for further validation of the use of post-mortem material for assay of these enzymes. (Dr. Pope).

Dr. Hess' program on the microchemical structure of neuronal and glial membranes has continued. During 1969, major emphasis has been upon analyses of astroglia cultured *in vitro* and of experimental gliomas (see below). Further studies have also been performed by Dr. Hess on the electrophoretic separation of frog retinal rod outer segments (modified neuronal plasma membranes). In particular, it was found that rod outer segments (prepared as previously reported) when subsequently fixed with dilute buffered glutaraldehyde, maintain their characteristic histological structure and migrate in an electrophoretic field in a manner indistinguishable from that of fresh, but morphologically unstable preparations. In conjunction with these studies, an ultramicro colorimetric method has been developed by Dr. Hess for assay of the hexosamine constituents of gangliosides and

glycoproteins. This consists essentially in modification and miniaturization of the Elson-Morgan procedure (acetylation of the hexosamine; color development with Erhich's reagent). Its sensitivity is adequate for determination of hexosamine content in as little as 50 micrograms (dry weight) of brain tissue.

A major effort in this section of the laboratory during 1969 has been continuation and broadening of multilateral biochemical studies on experimental astroglial and astrocytoma models developed by Dr. Shein. These consist of (a) dispersed cell cultures of newborn hamster neuroglia having the classical morphological properties of immature astrocytes (b) subcutaneous nodules resulting from implantation of such cultured astroglia into newborn hamsters, and (c) experimental astrocytomas resulting from polyoma virus transformation of cultured astrocytes subsequently implanted into hamsters, and similarly prepared but chemically induced (N-nitrosomethylurea) neoplastic astrocytes in rats. Procedures for obtaining these astroglial models had been developed and continue to be perfected in Dr. Shein's laboratory. During 1969, the astroblastic and spongioblastic nature of the nodules was further validated histologically, and the fact demonstrated that only immature astrocytes survive repeated subcultivation *in vitro.*

The foregoing experimental astroglial systems prepared by Dr. Shein have been used for multiple biochemical analyses as follows:

Astroglial Cultures: As summarized above, these cultures have been subjected to analyses for monovalent cations by Dr. Lees, their lipid biosynthetic properties studied by Drs. Hauser and Eichberg, and their amino acid profiles determined by Dr. Mokrasch. For comparison with previous observations on astroglial nodules, Dr. Hess has analyzed the cultures for RNA, DNA, gangliosides and cerebrosides. The RNA/DNA ratio exceeded that of the more slowly growing nodules, but glycolipid contents were similar in both. Four ganglioside constituents were demonstrated by Drs. Hess and Stoffyn using thin layer chromatography. The results are consistent with other indications that astroglial membranes do not contain the high concentrations of specialized glycolipids found in those of neurons (gangliosides) and oligodendrocytes including myelin (cerebrosides).

Astroglial Nodules: Microchemical structural analyses previously carried out by Dr. Hess were complemented during 1969 by microassays for Mg-ATPase and NaK-ATPase by Dr. Embree. Mg-ATPase activity was 20% that of normal gray matter, the activity

of NaK-ATPase only 5% as great. Both were comparable to values found previously for experimental gliomas (Dr. Embree). The results indicate that astrocytes contrast with neurons in having a relatively low though significant capacity for active transport of sodium and potassium across plasma membranes but are comparable in this respect to many extracerebral tissues.

Experimental Gliomas: Studies by Drs. Embree and Hess, summarized last year, on the structural microchemistry and ATPase activities of both virally and chemically induced astrocytomas have been completed. Compared with normal brain tissue, the results have been similar in both tumor types as well as in the astroglial nodules and again consistent with the general conclusions that astrocytes are cells having a relatively low energy metabolism, a definite but limited capacity for ion pumping, and membranes whose composition does not share the special glycolipid characteristics of neurons or oligodendrocytes. The latter conclusion has been reinforced by Drs. Hess and Stoffyn using thin layer chromatography to study the glycolipid composition of the chemically induced glioma line. Amounts of cerebroside and sulfatide were negligible; the only significant compound present (found also in the astroglial cultures) remains incompletely identified but has the mobility characteristics of an amino glycolipid.

In addition to his vital role in the foregoing studies on the biology of astroglia *in vitro*, Dr. Shein has also continued his collaboration with Richard Wurtman, M.D., of MIT and Julius Axelrod, Ph.D., of the National Institute of Mental Health, on the metabolism of biogenic amines in rat pineal organ cultures. The stimulatory effect of norepinephrine (and in certain respects other catecholamines as well) on serotonin and melatonin synthesis by such cultures has been analyzed in detail with results indicating that adenosine-3:5 phosphate cyclic AMP somehow mediates the process and that the mechanism is one of increased production of melatonin synthesizing enzyme. The enhancement of protein synthesis due to norepinephrine appears to depend upon increased uptake of tryptophan by the pineal cells.

For comparable investigations on amine metabolism in adrenal medulla, Dr. Shein has grown newborn hamster adrenal medullary (and cortical) cells in dispersed cultures and induced neoplastic transformation in such cells by simian tumor virus (SV_{40}). He has thus obtained stable medullary cell lines that produce epinephrine

and nor-epinephrine and which will be suitable for comparative analyses *in vitro* of biogenic amine metabolism in the adrenal medulla.

JORDI FOLCH-PI, M.D.
Director of Scientific Research

Report of the Department of Social Work

During the year there was an increase in the number of cases reached. With 265 new cases and 60 re-opened, the total number of cases carried during the year was 649. For these active cases, 6097 interviews and 7112 telephone calls were conducted. In addition, there were 211 pre-admission interviews and 874 pre-admission telephone calls to process 1263 requests for admission, an increase of 210 applications above the previous year.

After extensive planning, the Admissions Unit opened in November, 1968. Although much emphasis was placed on the admission process and the development of effective collaboration during the initial study period, social workers continued their ongoing relationships with families and patients for the duration of a patient's hospitalization and as long after discharge as necessary. Because the Admissions Unit facilitated intensive evaluations, there was a higher rate of turnover of patients; consequently, there were more demands on the social workers for direct service to patients and their families as well as for consultation with other staff members.

Each month there were approximately 40 patients living in supervised homes, or about 10 more per month than in the previous year. The two placements for girls at the Rutland Corner House were always filled.

The hospital's affiliations with Boston University School of Social Work and Simmons College School of Social Work continued. A group of Simmons students, under the direction of Mollie Grob, S.M., and Stephen L. Washburn, M.D., Director of Day Care, participated in a follow-up study of the first 104 day care patients. A group of Boston University students participated in a ward assessment study under the direction of Richard H. Longabaugh, Ed.D., Chief and Assistant Social Scientist. Another group studied medical student assignments in the Outpatient Clinic, with the assistance of Katherine Halpern, Ph.D., Professor of Research at Boston University School of Social Work.

With the renewal of Boston College School of Social Work placements, a total of 12 second-year students and six first-year students were being trained at McLean as of September, 1969.

While there was no turnover of case workers, Shirley Goldstein, M.S.S., transferred to the Inpatient Department in February and

Anne Wallens, S.M. assumed her position as Supervisor of Social Work for the Outpatient Clinic. The transition was orderly and well coordinated.

It is worth noting that the social workers in the Outpatient Clinic conducted 3187 interviews to provide services to 1571 cases.

The group workers served a total of 524 patients. In addition to working with patients on four of the halls, several workers formed other groups comprised of geriatric patients, mothers, young single women, the "750" students attending the Arlington School, and students of the senior class at the school. Services were also expanded to include work with faculty and students of the Arlington School in developing class orgainizations and extracurricular activities. The family visiting area was opened with Jalna Ann Perry, M.D., as consultant. A total of 15 families, including 33 children and 22 adult relatives of patients, participated there. When Judith Shapiro, M.S.W., group worker, resigned in August, 1969, group work services were curtailed until a replacement could arrive. The group work complement for the forthcoming year was increased to allow for more complete coverage of the halls. The overall responsibility for group work services remained with James Garland, M.S. in S.S., Director of Activity Therapies.

The entire Social Work staff was very appreciative of David Blau, M.D., who became consultant to the Department in September, 1968. With his interest in family therapy, more emphasis was placed on this dynamic modality and more staff members became involved in the practice. The number of conjoint and family therapy interviews were sizeably increased.

The social workers continued to act as leaders, co-leaders, and recorders of both inpatient and outpatient groups of patients and/or families.

A preliminary report was prepared on the adolescent follow-up project. Mrs. Grob presented a paper entitled "A Follow-Up Study of an Adolescent Population at McLean Hospital", to the Second International Congress of Social Psychiatry in London.

In March, Mrs. Goldstein participated on a panel discussion on "Adolescents in Crisis", along with Jacob Christ, M.D., Psychiatrist in Charge of the Outpatient Clinic, and Marvin Snider, Ph.D., at the American Orthopsychiatric Conference. She also presented a paper entitled "Reinforcement by Parents of Adolescent Crisis" at the Second International Congress of Social Psychiatry in London. In

July, Mrs. Goldstein was elected President of Smith College School of Social Work Alumni.

Jane Compton, M.S.S.A., Acting Group Work Supervisor, was appointed adjunct instructor at the Boston University School of Social Work to teach a course in group work.

Golda M. Edinburg, M.S. in S.S., continued as Chairman of the Institute Committee of the Massachusetts Conference on Social Welfare, as a member of the Professional Advisory Committee of the Massachusetts Association for Mental Health, and as Chairman of the Professional Advisory Committee of the Fort Hill Chapter of the Massachusetts Association for Mental Health.

GOLDA M. EDINBURG, M.S. in S.S.
Director, Department of Social Work

Report of the Activity Therapies Department

The year of 1968-69 featured an extension and broadening of activity and group services to new areas of the hospital. This past year was concerned with a re-assessment of these services and an involvement of other hospital professionals in understanding their significance and relevance. The process of re-deploying personnel and giving attention to questions of priorities with respect to patient treatment (on the part of activity therapists and other hospital professionals) at times diverted energy from optimum treatment planning; it appears, however, that the net effect of this re-evaluation process was to bring us to a more sophisticated and comprehensive approach to meeting patient needs in the hospital milieu. At the same time, as will be indicated in the reports of the activities of our sub-departments, activity programs continued to give more extensive and sensitive attention to patient needs. An increased sense of patient involvement in the planning and carrying out of social-recreational, craft, art and work functions was noted. This in itself is important to the growth of the concept of milieu therapy. In all of our efforts, there was a better sense of doing *with* patients rather than *to* or *for* them. Hospital-wide programs, such as the Youth Forum and the Voting Set, exemplified these trends.

The Youth Forum was a hospital community-wide coming together of young people to discuss their mutual concerns and their life in the hospital, and to construct programs which were directed to their social and cultural needs. It involved several members of the Activity Therapies Department, a social group worker, and representatives from the Nursing Department and the Arlington School. It resulted in a successful running of a coffee shop for several months.

The Voting Set, involving adult patients on a somewhat similar model, started and continues to function very successfully in providing discussion and activity reflecting the needs and interests of persons in this age group.

Increasing attention was focused, during the year, on the use of the group as a treatment method. This interest has been growing for several years, but a new dialogue on the question was prompted by the need to re-assess the function of the hall activity therapist, a concept which had been developed during the preceding year. The dual role of the activity therapist as a specialist in his own area and as

a promoter of social-recreational functions on a specific ward, had several goals. It was designed to provide increased patient initiative and autonomy in the family-like setting of the ward, as well as a liaison among physicians, nurses, aides and activity therapists who were operating both individual and group programs in their own clinics. The liaison function was greatly enhanced by this effort, although we found that there was a mixed result with respect to the functioning of the therapist as a group worker on the hall. In the first place, we were faced with the need to train therapists to adapt to this new kind of work in the complex social system of a living unit. Secondly, the hospital at large needed to become familiar with this new rehabilitative model, which at times appeared to be not as neat and smooth-running as the more traditional medical model. Thirdly, of immediate practical significance was the over-extension of the activity therapists as they attempted to cover both hall and clinic responsibilities. Some of the key questions involved in this reappraisal were: (1) priorities for the various types of activity and group services; (2) definition of special professional functions of various staff groups versus their mutual or common functions; and (3) development of new concepts and labels which would create bridges of understanding among and coordinated functioning of various professional staff groups. After several months of deliberation it was decided that the activity therapists would be, for the most part, pulled back from their hall group work functions and allowed to devote more time to the specific clinical jobs in their own areas. Exceptions were Doreen Hartley, who continued as occupational therapist and group worker for the two geriatric wards, and Nancy Annis, B.A., who was released from Recreational Therapy to become full-time group worker on the female adolescent ward. At the same time, plans were being made at the end of the year to expand the professional group work staff, so that these specifically trained individuals could devote relatively full time to the wards, and at the same time fulfill the liaison function that activity therapists had previously assumed. The net effect of this process was: (1) to bring a heightened awareness of the relevance of activities and group experience to patient treatment, and (2) to produce closer ties particularly between Activity Therapies and Nursing, during the course of investigating areas in which they could function in complementary and cooperative ways. Plans are currently underway for the development of integrated teaching experiences to promote

greater mutual understanding among different disciplines.

Occupational Therapy, under the supervision of Iris Carroll, B.A., O.T.R., continued to offer high quality service, despite staff shortages. Emilie Valla, O.T.R., left to be married; Marcia Wilder, O.T.R., resigned to join the National Red Cross for Overseas Work; and Elaine Woldorsky, O.T.R., left to travel and continue her education. William Balmer resigned to return to industrial design and teaching full-time. Pamela Arrand, O.T.R., joined the staff, as did Don Krohn, Photography Instructor, and Branaslav Kevich, B.A., Manual Arts Instructor. The department focused on encouraging patients to take greater responsibility within their treatment programs, lessening the typical role of dependency upon the therapist. Patients now accompany staff on trips to purchase supplies and help with pricing, inventory, etc. Patients are encouraged to teach each other their acquired skills. This has resulted in developing strong peer ties, particularly among adolescent patients. A patient job of assistant clerk to Evelyn Clark was developed for the purpose of inventory and stocking supplies. A patient-run boutique is in the planning stages and is an outgrowth of the large number of independent skills developed this year on the part of patients, particularly in leather, silver and tailoring. The acquisition of a new sewing machine has enabled increasing work with leather, an activity popular with male adolescents. Mr. Krohn has made the photography shop into a consistent, organized and constructive program for groups and individuals. Several photography shows have been organized to exhibit patient work. Miss Wilder played a major role in the implementation of a formal diagnostic procedure for evaluation of patients in the new Admissions Unit. Along with some group workers, she designed an activity room on the ward, with craft and kitchen facilities to enable newly arrived or disoriented patients to find some relief from tensions and a sense of stability and involvement. Mrs. Arrand developed a similar room on the disturbed female ward so that immediate needs of patients who are too disturbed or frightened to leave the wards could be met through the use of craft and food. Mr. Kevich has reorganized the manual arts shop and designed a number of creative short-term projects that can be finished quickly and afford patients a sense of immediate accomplishment and success. Occupational Therapy students from Boston University continued to affiliate during the year, and occupational therapists were involved in the nursing aide training

program. Miss Woldorsky started a mime group which presented a play to patients and staff; her group produced the play and made the costumes and scenery as well.

In Recreational Therapy there was a strong emphasis on team sports and on the development of social-recreational functions throughout the year. Robert Pilsbury, M.Ed., Supervisor, resigned to devote his whole time to teaching and to private practice in music and group psychotherapy. He was replaced by Jane Ann Schoonmaker, M.S., Phys. Ed., who brings a rich background of university teaching and direct practice in music and recreation. She will assume responsibility for supervision of Music Therapy as well as Recreational Therapy. Paul Padlak, B.A., and Leslie Prouty, B.A., resigned during the year; Shirley Borrel, B.A., and Charlotte Stone, B.S., were appointed as therapists. A patient-staff basketball team was organized during the winter, with considerable help and participation from nursing aides, and played an eight-week season, winning five and losing three, in competition with teams from the community. Alternate week ski trips organized by Mr. Padlak and Margaret Ball, M.A., Patient Librarian, were well attended. The McLean Hilltoppers, a patient-staff softball team organized by Joel Davidson, B.A., joined the Belmont Softball League. This proved to be one of the most successful ventures in joining the community and the hospital that we have experienced for some time. Miss Stone mobilized a spectator corps, and the Grounds and Transportation Department was very helpful in providing a bus, so that many staff and patients attended each game and added to the spirit of the events. This also provided an opportunity for people from the local community to come into direct contact with our athletes and spectators. There were several instances of townspeople being disabused of the notion that there is something strange and inhuman about a mental hospital and its inmates. Likewise, many of our patients developed a feeling of confidence in their ability to interact with the outside and to counteract their feeling of isolation from the community. Weekly weekend beach trips during the summer were more successful than ever with the help of the Dietary Department and with increased participation by patients in the planning of menus and the preparing of food. The two new tennis courts went into full operation in July to the delight of the hospital community. They were used frequently for individual instruction and for matches. An intramural touch football league was organized for the first time with six teams, and

all-star teams were picked at the end of the season. Several exercise groups were offered during the year and "Open Night" at the Recreation Building proved to be very successful for socializing, informal sports, and exercise. Several special programs adapted to the needs of particular wards were carried on during the year with the participation of activity therapists and ward staffs. We noted an increase in the use of the Recreation Building during off-hours by patient and staff ward groups. The recreation staff was quite active in organizing a professional group for therapeutic recreators in the New England area; it was instrumental in shaping programs for these meetings which focused on increased professionalization of their specialty and investigation into the meaning of recreation. Mr. Pilsbury presented a paper about the development of therapeutic recreation which was well received by our hospital staff.

Music therapy worked closely with the recreational therapists in promoting meaningful music and social programs, particularly for adolescent patients. There was an increase in active involvement in the production of music on the part of the patients. Up to four patient-staff rock and folk bands, or "Groups", were a dominant feature of this program. The long-term influence of these patient music groups on active involvement of patients at the music therapy studio and on hospital community dances has been remarkable. The quality of mutuality and freedom of expression and normality that one senses at these events reflects the changing mood of our young people, who are attempting to find a place for themselves in the world and to effect a rapprochement between themselves and the adult community. Group singing under Miss Stone's guidance has come to the fore as a way of expressing a positive, warm togetherness and has cut into some of the rather cynical, isolated feeling too often current among our younger patients. Paul Roberts, who has guided the development of the folk rock movement at the hospital, gave a mixed media presentation to our staff which was enthusiastically received. Plans are currently being made to produce a motion picture which might be used for education of professionals and as a public relations tool to interpret to the community at large the significance of this dynamic method as a treatment tool in the growth and rehabilitation of adolescents. Mrs. Rachel Farmer, R.M.T., returned from hall work to full-time music therapy and has concentrated on reaching out to regressed patients and older patients whose needs are presently not being met in music therapy. This includes special

programs on the geriatric wards to meet patients individually in their own areas.

The Creative Arts Department, under the supervision of Mrs. Helga Haendel, continued to offer an in-studio program of individual therapy, an open studio group program and an expanded horsemanship program. Hall-based art programs of varying duration were established throughout the year, with good assistance from McLean volunteers and supervision by the Department. Kathleen Edwards, B.S., who had joined the staff earlier in the year and worked a good deal with hall programs, in addition to her studio responsibilities, resigned in September to begin a family. She was replaced by Martha Langford, B.A., a graduate of the new Hahneman training program for art therapists. The joint family art evaluation program under Marvin Snider, Ph.D., continued this year with follow-up evaluations for the first group of families. The work in progress was reported by Dr. Snider and Mrs. Haendel in Clinical Case Conference, after the initial interviews. Mrs. Haendel continued to devote half of her time to the Arlington School studio art course which included tri-mesters of pottery, sculpture, drawing and introduction to graphics and basic design. We found this work with the Arlington School to be enjoyable and mutually profitable. The horsemanship program, directed by Octavia Chater, focused on involving patients in all phases of the work, from riding and grooming the horses to maintaining the stables and tack. An old potting shed was converted into a stable, with all interior and exterior painting and hardware work done by the patients. A new paddock was constructed, also with considerable patient help, and an area below the Arlington School was made into a riding ring. The number of horses was expanded from two to four, which has enabled us to meet demands for individual instruction, as well as for the use of group teams. The focus here has been on development of ward teams, thus enhancing the sense of peer support and camaraderie. Plans for the coming year include further development of the stable management work program.

The Patient's Library, under the direction of Mrs. Ball, continued its focus on literary expression. Workshops in creative writing under the tutelage of Anne Sexton and Jared Kass stimulated interest and skill in writing. This has been reflected in the quality of our bi-weekly patient literary magazine, *The Mirror,* as well as in independent creative writing by a number of patients. The daily

operation of the library is still conducted very much by patients, and the weekly work discussion group with Mrs. Ball and Thomas F. Higgins, M.S., Rehabilitation Counseling Supervisor, has proved to be a valuable addition to the effort. An ongoing, informal discussion of political and social happenings in the community is generated in the library. A searching out of patient and staff opinions prior to the October Moratorium was a valuable means of keeping patients in contact with significant happenings in the world around them. Plans for the future include better development of avenues for increasing patients' awareness of current events.

The Vocational Rehabilitation Department was once more expanded because of increasing patient requests for help in job placement within the hospital and for vocational help as they re-enter the community. Mr. Higgins was appointed as Rehabilitation Counseling Supervisor and Roger Abdell, Ed.M., and Richard Friswell, Ed.M., were appointed as Counselors. Mr. Higgins and Janet Voelker, M.Ed., attended the annual convention of the National Rehabilitation Association and have been active in promoting contact with local rehabilitation agencies and workshops. The Patient Jobs Corps, under the half-time direction of James Hope, continued to offer valuable service to patients who profited from a wide range of work projects, and to the hospital community. A fee system for rehabilitation services was developed for implementation in the coming year so that costs for intensive counseling will be borne primarily by those who need it most. Work has begun on an aftercare counseling program to be started in the coming year, and on a vocational and educational guidance library to be used by patients. A diagnostic evaluation program was implemented to study patients' adjustments to vocational and educational areas as they enter the hospital, and to serve as a test battery relevant to career guidance. This may be integrated with other important background material to make a diagnostic formulation which is used by the rehabilitation counselor in his attempt to help the patient to establish sound educational and vocational goals. The process of referral to rehabilitation services during this year has thereby been sharpened. This area promises to become increasingly valuable in the reintegration of patients into the community.

Psychomotor Therapy, under the direction of Albert Pesso, B.A., continued to provide individual and group treatment to patients and short training courses to staff members from many different

disciplines. Because of increased requests for this service, Michael Werle, Ed.D., joined the staff on a quarter-time basis. McLean continues to be the primary clinical institution regularly offering this kind of therapy. With the publication of a book by Mr. Pesso, the method is increasingly being studied and employed by a variety of clinicians throughout the United States.

Throughout this year, support of the various service and clinical departments in the implementation of group treatment and activity programs has been of crucial significance. The dialogue that has ensued among all staff members has been complex and at times difficult, but it has resulted in constructive criticism of ongoing programs and development of new, integrated ideas for the rehabilitation of patients.

The Volunteer Department gave excellent support to activity programs and became increasingly related directly to the wards serving both individual and group needs for companionship and socialization. The report of the Volunteer Department appears separately.

JAMES A. GARLAND, A.C.S.W.
Director, Activity Therapies

Report of the Volunteer Department

Important changes were made in the Volunteer Department this year. One which has great significance for the future development of the program was the decision to make the Director's job a full-time position. This step was considered essential to provide more time for: (1) exploring with hall staff creative ways of utilizing volunteers to supplement their desired treatment plans for patients, such as encouraging activities or aiding in resocialization; (2) securing the allotment of necessary staff time for the guidance and supervision of those volunteers assigned to serve patients; and (3) recruiting, training and supervising more people from the outside community to expand the program. Another departure has to do with the background of the Director. Since the inception of the program in 1959, the person holding the job of Director has been required to be a social group worker. This stipulation has been dropped. The necessity for interdisciplinary teamwork and cooperation to achieve optimum use of volunteers makes it desirable that the Director be viewed by her colleagues as a professional in her own right, that is, as the administrator of the program.

A third innovation involves the use of teenage volunteers. For many years it had been thought unwise to consider teenage applicants unless they were in a college program. A review of current policies and practices in other mental hospitals, and considerable discussion among several hall staffs, clinical department heads and administrators resulted in the decision to place interested teenagers in well supervised activities or visits with patients. Shortly afterwards, the opportunity to set up a pilot program for training, placing and supervising high school volunteers became available when six boys from Milton Academy chose service at McLean for their six-week Spring Senior Project. Fred McDonald, B.A., Director of Public Relations, helped to plan for the orientation and in-service training meetings, with a number of clinical staff, among them Irene Jakab, M.D., and Phelps M. Robinson, M.D., psychiatrists in charge of the Proctors and Bowditch, respectively; Richard H. Longabaugh, Ed.D., Chief of the Social Science Department; Robert Pilsbury, M.Ed., Supervisor of Recreational Therapy; Joel Davidson, B.A., Recreational Therapist; and Paul Roberts, Music Therapist. Mr. Davidson was most helpful in sharing his knowledge and experience

at meetings as well as giving expert supervision to volunteers working with him on the hall or in the gymnasium. The Milton volunteers engaged in various hall programs, such as outdoor sports, gym mornings, individual visits and supervision of the work of patient gardeners. They also took part in language and media courses and other activities at the Arlington School.

The final change to be noted is that, after five years of independent work, the Gift Shop workers in the Auxiliary Gift Shop Project were officially incorporated into the Department in order to give uniform information and support to all and to keep in the closest possible contact with the experiences of each volunteer. There had been several useful joint meetings of the two groups during the previous year. After the merger, only one large meeting was held. In January, about 25 people attended a role-playing session led by Mrs. Winthrop Jameson, Jr., Chairman of Volunteers, Mrs. Robert Gwaltney, President of the Auxiliary, and Mrs. G. Manuel Fenollosa and Mrs. Mark Hyman, Co-Chairmen of the Auxiliary Gift Shop Project. A number of training and evaluation meetings were held with small groups of volunteers in order to allow for more individual attention from the staff with whom they were working. In this way, discussion and feed-back could take place at the time most convenient for volunteers.

While most volunteer programs continued as in previous years, a new service was introduced when Mrs. Gwaltney and Mrs. John Aikenhead assisted in the McLean Blood Donor Campaign. In addition, the greenhouse volunteer staff was considerably expanded by the efforts of Mrs. Jameson, who recruited seven new workers.

A total of 77 volunteers put in 5018 hours during this year. Continuing from previous years were 21 gift shop workers and 23 volunteers in other services. There were two new Gift Shop workers and 31 other new placements. Of the latter, all but ten were associated with a school program and therefore unlikely to continue beyond the course year; four came to the Outpatient Clinic through a course at Northeastern University, eight were college undergraduates and nine were in high school. The number of active volunteers ranged each month from 23 to 47, with an average of 36. They put in from 262 to 797 hours per month, with an average of 418. It is indicative of the dedication and loyalty of our volunteers that 18 of 35 volunteers given recognition at the 1969 Service Award Ceremony in June had served from five to twelve years and eight

more had been working at McLean from two to five years.

Even though most of our students cannot be expected to serve more than a year, their experience here implements several important objectives of the volunteer program, such as integrating the hospital into the community, increasing citizen understanding of mental illness and encouraging careers in mental health fields.

DOROTHY M. MULLER, M.S.W.
Director of Volunteers

Report of the Nursing Department

Without a doubt the most productive activity of the past year was the development of a formal Nursing Aide Orientation Program. Wilmah Goodrich, R.N., B.A., was appointed Instructor in In-Service Education in October, 1968, with immediate responsibility for teaching the orientation classes. The success of the two week program prompted Mildred C. Makin, R.N., Ed.M., then Assistant Director of the School of Nursing, to file an application for a grant of money from the Manpower Development Training Act of 1962 for the purpose of extending the program to five weeks. More than $17,000 was awarded to McLean Hospital in May, 1969 for a one year period. Appreciation is expressed for the assistance given by David W. Bohy, Director of the Personnel Department, for the preparation of the application and for administration of the grant.

With the expansion of the Orientation Program to five weeks, Joanne Brody, R.N., was promoted from Head Nurse, Staff Clinic, to Assistant Instructor in In-Service Education, to assist in teaching classes and in developing in-service education programs with her particular emphasis on medical and emergency procedures. In addition, both of the Instructors were able to extend their functions into the clinical areas, to work more closely with the Clinical Nursing Supervisors and to give more direct supervision to the nursing aides. From the beginning, Richard H. Longabaugh, Ed.D., Chief of the Social Science Department, and his co-workers conducted evaluative studies of the Nursing Aide Orientation Program, and were instrumental in the research and subsequent development of a form for the evaluation of the nursing aides' performance.

To date, 62 nursing aides have completed the two week program and 44 nursing aides have completed the five week program. Of the total 106 nursing aides who completed the program, 60% are presently employed at the hospital.

A highly promising outcome of a pilot study was administrative approval for the appointment of a nursing aide on each hall to assume the role of administrative aide to help coordinate and facilitate the many administrative/clerical duties necessary for the smooth functioning of the hall. The administrative aide continued to be a part of the staff complement and could be assigned to patient care when needed. The success of this venture demands further

analysis for a special training program for administrative aides.

The need for a clinical focus in nursing was recognized by continuing the program in "Nursing Process", based on the formulations of Ida Orlando Pelletier, R.N., M.A. LaVonne E. Davidson, R.N., M.S.N., Coordinator of Training in Clinical Nursing, accepted a total of 19 nurses into the three eight-week programs between October 20, 1968 and May 4, 1969. Of this number, one did not complete the program and one was unsuccessful in learning the concepts. Over 60% of the 18 nurses who completed the program are presently employed at McLean Hospital.

During the year, several in-service education programs were held jointly for graduate nurses and nursing aides. Of particular importance was the program presented by Bernard S. Yudowitz, M.D., on "Drugs: Legal and Clinical Issues". Sessions were held several times during the day, evening, and night tours of duty so that as many members of the nursing staff as possible could attend.

In March, Miss Davidson presented a paper at the Academic Conference entitled "The Clinical Implications of the Functions of the Nurse". Both the questionnaire that preceded the presentation and the paper itself provoked considerable discussion about the functions of the nurse; it became clear that very few persons had a clear notion of the nurse's role as it was presented in the paper.

Unfortunately, few nurses took advantage of the monies available, through the McLean Scholarship Fund and other sources, for advanced educational courses at nearby colleges and universities. A continuing problem was motivating nurses to continue their educational growth after graduation from basic nursing courses, to join their professional organizations, and to attend meetings and share ideas with other nurses outside of the hospital. Certainly nurses in key positions in the hospital have to foster a positive attitude toward these pursuits if the situation is to improve in the coming years.

The Schools of Nursing, namely, Massachusetts General Hospital, Newton Junior College, Peter Bent Brigham Hospital and Simmons College, which use the clinical facilities at McLean Hospital for student experience in psychiatric nursing, continued to assume the responsibility for providing Instructors to supervise their respective students. The Instructors and Clinical Nursing Supervisors/Head Nurses worked closely together to assure the best possible learning experience for the students.

The Supervisory/Head Nurse Group met routinely to discuss issues

pertinent to their areas of nursing functions as well as to resolve problems and review plans for future action. Guests from other departments were invited as consultants.

During the year, the Nursing Practice Committee, under the Chairmanship of Mary E. Fuller, R.N., maintained a constant study and review of practices in nursing and wrote or revised procedures as the need for these changes occurred. Miss Davidson was most helpful in the revision of the admissions procedure and admissions form as well as the procedure for wet sheet pack. In addition, she has been concerned with setting up the standard system of filing forms and has begun to put together a manual on "Hall Policy, Procedure and Information" to be used in conjunction with other hospital and nursing handbooks.

Jeanne Jackson, R.N., was appointed Head Nurse in the Staff Clinic and both she and the Clinic staff nurse continue to provide widespread services to hospital employees and limited services to the patients.

A special ongoing project throughout the year was the evaluation of the salary scale for nursing aides and graduate nurses in order to provide for a more equitable salary range adjustment and meet the hospital objective of providing fair, competitive salaries for all its employees. The results of the work of Daniel Lennox, R.N., M.S. in N.Ed., Assistant Director of Nursing Service, in cooperation with the Administration and the Accounting and Personnel Departments, will become effective at the beginning of the 1969-1970 budget period. Other activities shared with members of the medical, administrative or service programs include the development and opening of the Admissions Unit; plans for remodeling certain patient units; selection of equipment which would facilitate patient care; participation in Clinical Case Conferences, Hall Teaching Conferences, Activity Therapies Group meetings, and Family Therapy and Milieu groups on certain halls; and representation on the following committees: Academic Conference, Adolescent, Aide Functions (sub-committee of the Coordinating Committee), Budget, Coordinating, Disaster, Infections, Library, Performance Appraisal Program, Pharmacy, and Safety. Marguerite A. Conrad, R.N., was co-therapist with Jacob Christ, M.D., Psychiatrist in Chief, Outpatient Clinic; and Edna Bernier, R.N., was co-therapist with Christopher Hopps, M.D., in Group Therapy with patients in the Outpatient Clinic.

During Professional Nurse Week, a buffet dance was held at a

nearby restaurant. The members of the Nursing Department wish to express their thanks to Francis de Marneffe, M.D., Director of the hospital, Henry Langevin, Administrator, and Fred McDonald, B.A., Director of Public Relations, for a highly successful and meaningful event. During Secretarial Week in May, 1969, Alice Nelson, secretary to the Assistant Director of Nursing Service for eleven years, was honored by the Supervisor/Head Nurse group as Secretary of the Year. In September, Mrs. Nelson was promoted to Executive Secretary to Stanley H. Eldred, M.D., Director of Clinical Psychiatry. The members of the Nursing Staff regret her loss to the Department but wish her well in her new position.

Mr. Lennox requested a leave of absence from his position as Assistant Director of Nursing Service in July and Mrs. Makin was appointed Acting Director of Nursing with overall responsibility for the Nursing Department in August. Miss Davidson was appointed Acting Associate Director for Nursing Education and assumed greater responsibility in implementing training and educational programs for nurses and nursing aides.

Mrs. Pelletier devoted full time to nursing research until the completion of her project "Two Systems of Nursing in a Psychiatric Hospital" in August, 1969; however, she was available for consultation to nursing personnel and conducted conferences with the Clinical Nursing Supervisors. With the completion of her project, Mrs. Pelletier continued in her position as Clinical Nursing Consultant; she will play a more active part than heretofore in developing the role and functions of the Clinical Nursing Supervisor and other clinical nursing staff.

In September, James Walsh, R.N., B.B.A., was appointed Assistant Director for Nursing Administration, to become effective October 1, 1969. His responsibilities will include the development and coordination of the Nursing Department's staffing plans; planning of budget; interviewing and counseling nursing aides; and directing the Administrative Nursing Supervisors and nursing functions in the Day Care Center and Staff Clinic. (The title Nursing Service Supervisor was changed to Administrative Nursing Supervisor which seemed more appropriate to the functions of the position). At the same time, the following four Head Nurses were promoted to the position of Clinical Nursing Supervisor: Curt Bank, R.N., Mary E. Fuller, R.N., Maurice Maynard, R.N., and Edith M. Murphy, R.N.

In keeping with her philosophy, Mrs. Makin instituted the "open

door" policy to her office and began making rounds of the halls at varied times during the day, evening, and night tours of duty in order to meet with staff members and to become as knowledgeable as possible about nursing and staffing needs.

The past year has indeed tested the staying power and the ability of the Nursing Staff. Although there was a higher attrition rate among the staff than one would like to have, patients were provided with 5.3 nursing care hours per patient, per day. By October 1, 1969, most of the budgeted positions were filled.

Plans and recommendations for the coming year include: (1) study and revision of the organization of the Nursing Department, its philosophy and objectives; (2) study of the staffing patterns on patient units with the objective of providing the best care to patients at minimum cost; (3) strengthening the role of the Clinical Nursing Supervisor by providing for the development of further skills in clinical nursing, teaching and management; (4) continuation of "Process Training" for nurses and for selected nursing aides; (5) strengthening the In-Service Education Program by providing more eclectic teachings and "Group Process" training; (6) implementing the proposed Orientation Program for Graduate Nurses; (7) encouraging the Clinical Nursing Supervisors and other graduate nurses to continue their nursing education on an advanced level and to join their professional organizations; (8) continuation of the study of the nursing aide program; (9) work toward development of a Training Program for Administrative Aides; (10) continuing to explore with selected colleges projected use of the clinical setting at McLean for graduate student experience in psychiatric nursing; (11) work toward incorporating the Nursing Education Library within the development of a satisfactory library service; (12) representation of nurses on the Medical Records Committee.

The Acting Director of Nursing is deeply grateful for the support that she has received from the members of the Nursing Department and the Department joins her in expressing appreciation for the help and guidance extended by the Board of Trustees, the Medical staff, the Administrative staff, and all other hospital departments. The coming year should be one of cooperation and team effort with other departments at the unit as well as the administrative level in order to provide the best possible care for patients.

MILDRED C. MAKIN, R.N., Ed.M.
Acting Director of Nursing

Report of the Psychology Department

The Psychology Department has pursued its traditional concern with personality processes and the development of psychopathology through the avenues of psychodiagnostic testing instruments and research on the elaboration of different psychotherapeutic approaches. In addition, it has contributed to the clinical service of the hospital by participating in the initial evaluation of patients through psychological tests, by using a range of psychotherapeutic approaches, and by extending its training function outside of the Department.

A total of 195 patients were given 1100 psychological tests during the year and an additional 50 test protocols were administered to patients prior to admission to the hospital and evaluated by the staff of the Department. Since Scott A. Reinhardt, Ph.D., has been assigned to the Admissions Unit, the referrals for testing have been screened much more effectively than before with respect to determining those instances in which psychological tests can be most helpful in the total evaluation. An analysis of the test referrals suggests that over 60 per cent of the patients tested are under 20 years of age and that the most frequent reasons for requesting tests have to do with questions of diagnosis, possibility of organic damage, extent and pervasiveness of psychopathology, and suicide potential. The diagnostic categories most often obtained from the test data were those of Schizophrenia, chronic type, and Personality Disorder.

In addition to the testing service, the staff members and trainees saw 22 inpatients, 27 outpatients, 10 couples and families, and three groups in psychotherapy. The trainees in the Department have been supervised in their psychotherapy cases by members of the psychiatric staff and senior members of the Psychology Department. Marvin Snider, Ph.D., has been especially active in the development of the Family Therapy program both in the Inpatient hospital and the Outpatient Clinic and we are most grateful for his important contribution in this area. Dr. Snider left McLean Hospital at the end of this year and Dr. Reinhardt has been appointed to the Family Therapy Committee to continue the Psychology Department's participation in this program.

The Clinical Psychology Training Program, under the Directorship

of Robert D. Schnitzer, Ph.D., has continued to expand and flourish. Though the program is largely supported by NIMH funds, it was aided by the hospital's decision to establish an additional internship this year. Thus by the end of this year, we were able to offer four internships as part of the McLean-Beaverbrook Guidance Center program and a fifth internship for training only at McLean Hospital. The five trainees selected this year are Judith Jordan, M.A., and Stuart Pizer, B.A., both enrolled in the Ph.D. program in the Department of Social Relations at Harvard University; Michael D. Kahn, M.A., who is a graduate student working toward his Ph.D. at the University of North Carolina; Diane Sholtz, M.A., a Ph.D. candidate at Boston University; and Jack Lomranz, M.A., from Israel, who is currently completing his requirements for the Ph.D. at Duke University.

The two post-doctoral trainees, Arthur Cobb, Ph.D., and Virginia L. Senders, Ph.D., are continuing their program into their second and final year. All the trainees do psychological testing, carry individual and family therapy cases, and participate in the training program in group psychotherapy. This year, in order to give the post-doctoral fellows a more extensive experience in history-taking, patient management and the acute psychopathology of the newly admitted patient, they each carried out, under supervision, the work-up procedure of two patients. The success of this activity, from the point of view of both training and clinical service, has resulted in plans for its continuation and extension to the pre-doctoral trainees as well.

The Psychology Department continues to be involved in the various facets of the adolescent program. This year Dr. Cobb, who is especially interested in the adolescent patient, was assigned to NB I, an adolescent ward administered by Martin A. Miller, M.D. In addition to seeing several patients on this ward in individual psychotherapy and regularly attending staff meetings each week, he has been group leader in a weekly meeting with the nursing aides on that ward. The purpose of the meetings has been to facilitiate group cohesiveness and to foster interest and involvement in ward work at the aide level. Meetings focus on work problems, especially those encountered in dealing with adolescent patients and in working with them as a group on a single unit. Dr. Cobb is also participating in the hospital's Adolescent Training Program so that he has had the opportunity this year of working closely with Maurice Vanderpol,

M.D., in the Needham High School. At the high school, he is supervising two teachers who are conducting small groups of underachieving students and consulting with several teachers about problems they are having in their classes. He is also attending one of Dr. Vanderpol's in-service training programs for teachers every other week. Richard Bonier, Ph.D., continues his strong interest in the adolescent patient in an outpatient setting; he has completed this year his clinical and some of his research activities in the Adolescent Crisis Project at the Outpatient Clinic. Because of Dr. Bonier's extensive clinical experience with younger children, he has also been meeting regularly with Lawrence A. Stone, M.D., Director of Planning for the McLean Children's Center, in planning the role of the psychologist in the proposed Center.

Other training and teaching functions in the Psychology Department include the supervision of members of related disciplines, such as residents, activity therapy workers, and members of the nursing staff, in such areas as psychotherapy, vocational counselling, and group work. Dr. Reinhardt meets regularly with affiliated nursing students; Irene P. Stiver, Ph.D., Director of the Department, offers a course to the residents on "The Theory and Application of Psychological Tests"; and Dr. Reinhardt, Dr. Stiver, Dr. Bonier and Dr. Schnitzer all meet regularly with the Harvard medical students. This year Dr. Schnitzer and Dr. Stiver were involved more extensively in the practicum training programs offered to graduate students by the Department of Social Relations at Harvard University. Four students spent approximately three months seeing patients in the hospital and in the Outpatient Clinic for psychological testing under intensive supervision.

All the staff members of the Department are engaged in some research activities. Norbett Mintz, Ph.D., who is supported by an NIMH Career Development Grant, continued his work on sociocultural factors in psychopathology. At the end of this year he took a leave of absence to extend this research interest to intensive field work with the Navaho Indians in Arizona, Dr. Schnitzer continues his work with Alfred H. Stanton, M.D., Psychiatrist in Chief, in the investigation of psychotherapeutic interactions. He is also studying techniques of measuring transference relationships in psychotherapy. Dr. Bonier has completed the clinical phase of the research project he directed with Jacob Christ, M.D., Psychiatrist in Charge of the Outpatient Clinic, on crisis intervention in adolescence, and moves on

to the analysis and evaluation of the data. As a consequence of some of the issues which were raised in this study, Dr. Bonier has become particularly interested in the general problems involved in doing research in a clinical area; he presented a paper on this topic at the annual convention of the American Psychological Association. He also presented some of the results from the Adolescent Crisis Project, together with Dr. Christ and Dr. Snider, at the annual AAPCC convention and offered a series of three conferences for the Jewish Community Center of Haverhill on "Issues Facing Today's Adolescent". Dr. Bonier has also begun a project investigating some aspects of the epidemiology of psychosomatic symptomology and has served as a consultant to the staff of Hadassah Hospital in Jerusalem on research in psychosomatic illness. At the end of this year he began to develop appropriate methodology for a research proposal on the evaluation of psychomotor therapy which he is preparing together with Al Pesso, B.A., and Dr. Cobb. Dr. Reinhardt participated in a round table meeting of the American Society of Psychopathology of Expression, where he read a paper entitled "The Drawing of Animals", which was a preliminary report on the use of animal drawings as one aid in distinguishing severe psychopathology. As a member of the Family Psychotherapy Committee, he will be working with David Blau, M.D., on plans for evaluating and describing family therapy at the hospital. Dr. Stiver served on the Gerontological Panel at the annual meeting of the Boston Gerontological Society in which the topic of regression was discussed. She has also continued her research interests in adolescent psychopathology and the early determinants of delinquency.

Many of the members of the Department are involved in other community and professional activities. Dr. Bonier is a consultant to a neighborhood house in Roxbury and Associate Professor at Hawthorn College. Dr. Stiver is Vice Chairman of the Massachusetts Board of Certification in Psychology, a consultant to the James Jackson Putnam Center in Roxbury, and a Lecturer at Wellesley College. Dr. Schnitzer was appointed Clinical Associate at Boston University this year.

IRENE PIERCE STIVER, Ph.D.
Director, Psychology Department

Report of the Public Relations Department

Considerable emphasis during the year was placed on establishing and strengthening the internal communications of the hospital. Basic to this objective was the philosophy that two of the most important publics of any hospital are its patients and its employees.

An internal news bulletin called *Today's News* was published 148 times during the year. Designed to appear three times a week, *Today's News* was distributed to all halls and departments of the hospital; posted on all bulletin boards; distributed at the cash register in the hospital cafeteria; and sent individually to key staff members and department heads.

The publication was utilized in relating specific news events within the hospital; outlining hospital policy when appropriate; and announcing programs, tours, visits and conferences scheduled within the hospital or involving hospital personnel at some other location.

A sister publication, *Meetings Today*, appeared daily during the year, with the exception of the summer months. Its purpose is to post daily all scheduled meetings within the hospital and their location, time, etc. It proved particularly useful in informing staff of changes in the time or location of regularly scheduled meetings and conferences.

The first issue of the McLean *Bulletin* in its new tabloid newspaper format appeared in November and six issues appeared during the year. Plans were completed to publish monthly during the next fiscal year.

The newspaper is prepared completely within the Public Relations Department, with camera-ready paste-ups delivered for offset printing to the Belmont Herald weekly newspaper in Belmont. Linda Johnson has attended the IBM Composer School and sets all type for the newspaper, including headlines on the Varitype Headliner. All photos are taken by Public Relations staff members with the new Polaroid camera purchased during the year. Thus total costs have been kept to a minimum.

Approximately 2000 copies of the newspaper are mailed on each publication date to all employees at their home address and to each member of the Auxiliary as well as to a general public which includes other hospitals and health officials throughout the country.

Acquisition of the IBM Composer in the Public Relations

Department has also made it possible for many other flyers, leaflets, etc., to be typeset within the hospital.

Allied with this program was the addition of the former Patient's Receiving Unit to the Public Relations Department in August. Re-named the Communication Services Unit, its principal work functions include operation of the mail room and responsibility for the Xerox and mimeographing activities of the hospital. Ivan Hansen, former administrative aide, was named Supervisor of the Unit.

The hospital received a Merit Award from the Massachusetts Bay United Fund for its achievement during the 1968 annual United Fund Campaign held during November. The Public Relations Department worked closely with the Chairman, Lawrence A. Stone, M.D., in the campaign which raised more than $10,000 within the hospital.

Elizabeth Callison, Public Relations Assistant, served as Co-Chairman of the Annual Children's Christmas Party held on December 14 with Mary Branston, Director of Dietetics and Food Service. More than 350 children attended and were entertained by Santa, who brought along a mobile section of Franklin Park Children's Zoo.

Later that month, on December 18, nearly 350 employees and their guests attended the first Christmas Cabaret at the Elks Lodge in Lexington. The Public Relations Department worked closely with Chairman Margaret Higgins, B.A., Personnel Assistant, and her committee, in planning the highly successful affair.

Professional Nurse Week was held in November and a Buffet-Dinner Dance was held at the Cottage Crest in Waltham for 75 nurses and their guests. Prior to the event, a reception was held in honor of the nurses, sponsored by Francis de Marneffe, M.D., Director.

Another important segment of the McLean community was honored by the hospital on April 24, when nearly 100 secretaries, typists and other office workers were feted. Each wore a corsage during the day and was a guest at a reception held in the hospital. Joining the McLean secretaries during the day for a series of meetings and career conferences was a group from Massachusetts Bay Community College.

The Public Relations Department assisted David Balise, R.N., B.S., Assistant Administrator, in conducting the first Blood Donor Campaign at McLean in conjunction with the Massachusetts General

Hospital Blood Bank. Nearly 200 pints of blood were donated during the campaign for which McLean subsequently received a citation from the MGH Blood Bank.

Assistance with publicity was given to the hard-working McLean Hospital Auxiliary during some of its major events conducted during the year, including the Strawberry Festival and Auction held on May 15, which raised $3500 for the hospital fund, and the annual Auxiliary Educational Seminar held during March.

A total of 834 years of service was represented among the 135 employees honored on June 17 at the annual Service Pin Award ceremony held in the Chapel.

On June 5, mental health leaders from throughout the state were guests of Dr. de Marneffe at a luncheon held at Higginson House. Chief topic of the day was the new McLean Children's Center. Television crews from WHDH-TV were at the luncheon to publicize the event on the evening newscasts over that station.

That same day also saw graduation ceremonies held at the Chapel for the senior class at the Arlington School. Particularly newsworthy was the speaker, Sidney P. Marland, Jr., Ph.D., President of the Institute for Educational Development, whose address was widely printed in the press.

In addition to the Mental Health Leaders Luncheon, several other events held at the hospital during the year received widespread publicity. A special Sunday feature appearing in the Boston Globe the week prior to the Strawberry Festival was devoted to the Volunteer-Patient Garden Club and its program at the McLean greenhouse. Medical Tribune re-printed several pictures from the McLean *Bulletin* in its international editions during the year. Among these were pictures taken when Mrs. Edwin Reischauer, wife of the former Ambassador to Japan, toured the hospital with a prominent health official from Tokyo, Japan. In addition, a number of articles appeared on personnel changes within the hospital and developments in the planning of the Hall-Mercer building of the McLean Children's Center.

Several new brochures appeared during the year. One, entitled "What is Day Care", was prepared in conjunction with staff and patients in the Day Care Center. Another important publication was a brochure on the McLean "Residency Training Program in Psychiatry", which will be mailed to universities and colleges as well as other hospitals throughout the country each year.

As the year drew to an end, work was progressing on revising and reprinting a number of other hospital publications which will be distributed throughout 1970. Work was also underway to acquire an Addresser-Printer for the new Communication Services Unit so that the hospital would have the capability of its own mailing service. Increased emphasis in 1970 will be placed on external communications, particularly the news media in the immediate geographic area of the hospital as well as medical publications throughout the country.

Several personnel changes occurred during the year. Mrs. Callison, first editor of the *Bulletin,* left the hospital in August to move to San Francisco with her husband. She was replaced by Katheryn Daly, B.A., whose principal responsibilities are in the news field, including assisting with the monthly *Bulletin.* Miriam Greenspan, M.A., joined the Department as Public Relations Representative in September and has already devoted considerable time and skill in working with the many brochures and leaflets of the hospital.

The only new member added to the Public Relations Committee was Richard D. Budson, M.D., Director of Aftercare Services. Leaving the committee when his residency was completed in June was Stephen Bernstein, M.D.

FREDERICK W. McDONALD, B.A.
Director of Public Relations

Report of the Social Science Department

I. Service

Two years ago the Department explicitly added a new function to its previously existing functions of research and teaching: that of a service role in the affairs of the hospital community. In conception, the objective of this role was to conduct studies of the effects of policies, programs and practices within the hospital in order to provide information useful for decision-making in overall policy formulation and implementation.

After two years of exploration of this function, it is possible to make some evaluation of the endeavor. In general, it is a mixed review.

On the positive side, the following can be said: such evaluations as have been carried out have been able to systematically draw the attention of selected groups of hospital staff to the question under focus. A structuring of attention was achieved. This has enabled relevant groups of staff to participate in high-level discussions concerning aspects of the hospital, with a fuller body of information at their disposal than has previously been the case. This ability to bring more complete information and a broader perspective to recurring hospital problems has been useful.

In several instances, our recommendations have foreseen changes in hospital practices and policies. However, in none of these instances could it be said that such changes were solely a consequence of our studies. Rather, other sources of influence were also present. We conclude that our studies were one of several forces at work for change. Where our recommendations have stood alone, no effective change has been forthcoming.

Implementation of new policies often requires the development of skills and tools not already available. In such cases it has been necessary for the Social Scientist to participate in and facilitate the development of such needed resources.

Despite the difficulties involved in working in such a role, it is deeply felt that the hospital, as any other organization, needs the skills and perspectives which the Social Scientist brings to it. The necessity to look at the hospital as a social system and the need for systematic evaluation of new and old programs and policies remains.

In the previous years, two major studies had been undertaken:

ward assessment and hospital census. Our work of the past year can be seen as an outgrowth of these two commitments.

Ward Assessments

A committee was appointed to consider our radical recommendation that a new generic role of *psychiatric worker* be created to replace existing roles of psychiatrist, nurse, nursing aide, activity worker, group worker, etc. The committee was not able to deal with such a basic question and was dissolved after a series of meetings. As an outgrowth of the gropings of this committee however, a second committee was appointed to deal with our recommendations concerning one carefully delimited aspect of this question, the more effective use of one role in the hospital: the psychiatric nursing aide. This latter committee has been functioning effectively and has to date dealt with the reconceptualization of the aide's role with respect to clarifying and upgrading his functions and increasing his job satisfaction. The question of personnel selection and training is also being worked out. In its connection with the work of this committee, the Social Science Department has helped construct an instrument for evaluation of aide performance thus facilitating the evaluation of our current aides. We are also collecting data to determine whether superior aides can be detected at the time of their initial job interview and prior to the completion of their orientation program. A third assessment in which we are participating is the evaluation of the current Nursing Aide Orientation Program.

A second consequence of the early assessment of three wards was the decision to see whether the thirteen patient units were measurably different from one another in their ward atmospheres, and whether such differences persisted through time. To this end, on all thirteen units, staff and patients participated in completing a questionnaire designed to measure aspects of ward atmosphere. Analysis established that the atmospheres of many of the units were measurably different from one another, and that these diffferences persisted over a two month period of time. The self-descriptions of wards indicated that they varied in the areas of spontaneity, support, practicality, affiliation, order, insight, involvement, aggression, variety, clarity, submission, and autonomy. Furthermore, it was established that these differences were stable through time.

As a by-product of the analysis it was possible to compare this hospital with a sample of others in the nation. McLean was found to be appreciably different when compared with a heterogenous sample

of psychiatric hospitals which included state, V.A., and University hospitals, as well as other private hospitals. However, when compared only with nine wards in other private hospitals, McLean wards were found to be close to the average profile for such units. Thus, the typical ward atmosphere of McLean is quite representative of the ward atmosphere in the sample of private hospitals tested. However, in comparison with state and V.A. hospital ward atmospheres, there are marked differences.

The question naturally arises as to whether such differences have an effect on patient outcome. This is a critical question to be answered, and has led to research investigations mentioned in the next section. If it is found that ward atmospheres do make predictable differences in patient outcomes, this will have direct implications for milieu treatment plans.

From this illustration it can be seen how the practical evaluation of current services can lead to basic research questions which, in turn, will eventually feed back into the day-to-day clinical treatment of patients.

Hospital Census Study

As a result of changes in staff, the Annual Report of the Hospital Population and Statistics will be prepared by the Social Science Department. As a consequence, the extension of our initial census analysis undertaken last year will be integrated with this report. However, the Department has undertaken several related tasks which will be mentioned here.

First, the developmental phase of an initial codification of medical record information was completed and this task has now been turned over to the Medical Records Department. The Social Science Department retains a consultative function and, as maintained above, will perform the analyses of these data for the Annual Report.

A second phase of record codification is in a developmental stage. This has to do with getting the persons who presently collect the information and transcribe it in narrative form (after which it is coded by a separate coder), to codify it themselves. This elimination of the "middle man" will have the effect of increasing the relevancy of the coded information for the service person working with the patient and family, and increasing the reliability and validity of the information coded. As a first phase in this transformation, the Department is consulting with the Social Work Department for the purpose of aiding it in the development of a questionnaire to be

given to the patient's family and to be used by social workers in their contacts with families. Once this form is completed, other inputs to the medical record will be worked upon.

A third aspect of the Department's attention to medical records is concerned with the automation of the information used in the numerous reports which the Medical Records Department prepares for various users within and outside of the hospital. The long-term goal is the creation of a central patient information file which would contain all of the non-narrative information concerning the patient. Preliminary sessions with Medical Records personnel and a computer software consultant are underway.

In addition to these major undertakings, members of the Department have been in consultation with the Department of Psychiatry, Social Work, Activity Therapies, and Nursing, as well as other departments, to help find ways to better evaluate aspects of their ongoing programs. In addition, Richard H. Longabaugh, Ed.D., Chief of the Department, participated in the teaching of residents, focusing on the subject of theories of family interaction in schizophrenia.

II. Research

Research activity continued as a primary function of the Department. Several studies were completed, others continued, and still others initiated. The study of *Interactional Systems in Acute Schizophrenia* conducted by Stanley H. Eldred, M.D., Director of Clinical Psychiatry, and Dr. Longabaugh was brought to a close and the preparation of final reports has begun. Rose Coser, Ph.D., Assoicate Sociologist, on leave this year, has completed a draft of her book which reports her research concerning the socialization of psychiatric residents. She has terminated her McLean affiliation to take a professorship at the State University of New York at Stony Brook. Patsy Sampson, Ph.D., Assistant Social Psychologist, has been continuing her investigations of *The Role of the Pineal Gland in Selected Behaviors of the Rat.* Dr. Longabaugh's study, *The Sequential Analysis of Schizophrenic Interaction,* is at mid-point.

Two new investigations have gotten under way. NIMH has awarded a grant to Stephen L. Washburn, M.D., Director of Day Care, and Dr. Longabaugh for *A Controlled Evaluation of Psychiatric Day Care.* The design of this study is to compare three groups of patients: (1) those whose treatment route is inpatient care, (2) those whose treatment route is Day Center, Day Care, and (3) those whose recommended treatment route would have been inpatient care, but

who have volunteered to elect Day Center, Day Care as a feasible alternative. By design, each patient will be followed for a two-year period after his admission to the research sample. The focus will be on treatment variables as experienced by each patient and the effects of these treatment variables upon the patient's psychopathology and role enactments. As a result of this study it is hoped that this question can be answered: for what kind of patient does Day Care treatment make a significant difference in what dimensions of clinical outcome?

A second new study, mentioned earlier, is that being conducted by Robert Weinstock, M.D., with the collaboration of Dr. Longabaugh. This study investigates the relationship of a patient's perceptions of ward atmosphere and his preferred (ideal) ward atmosphere to the clinical outcomes he experiences. It is hypothesized (1) that those patients whose perceived and/or ideal ward atmospheres are initially closest to the normative perception and/or ideal will show greatest clinical improvement and, (2) that those patients whose perceived and/or ideal ward atmosphere changes most towards convergence with the normative perception and/or ideal will also show the greatest clinical improvement.

One last investigation continuing in the planning stage is an investigation of the use of the computer in the improvement of milieu treatment of the patient. Dr. Longabaugh and Phelps M. Robinson, M.D., are collaborating with others in the design and development of this study.

In perspective it can be seen that both research and service remain the basic functions of the Department.

Staffing patterns have changed. While attrition at the senior level has continued, the addition of research assistants has resulted in a numerical increase of departmental members. Nancy Messom M.A., continues as Senior Research Assistant. Carole Goldstein, B.A., has been added to the Department staff as a Research Assistant. In connection with the Day Care Study, Peter Woolston, M.A., and Betty-Jane Scheff, M.A., have joined the Department as Research Assistants. In the coming year it is planned to add one more Research Assistant to the staff in order to participate in a study of *Adolescent Treatment Evaluation* to be directed by Alfred H. Stanton, M.D., Psychiatrist in Chief, Golda Edinburg, M.S. in S.S., Director of the Social Work Department, Molly Grob, S.M., Research Social Worker, and Dr. Longabaugh.

RICHARD LONGABAUGH, Ed.D.
Chief, Social Science Department

Report of McLean Hospital Auxiliary

Continuing to build on the firm foundation set in previous years, the Auxiliary had a busy and productive year. Successful fund raising projects allowed the Auxiliary to present a contribution of $6555 to the hospital and, once again, the community was involved in as many activities as possible.

The Fall Meeting was held in conjunction with the Annual Fall Meeting of the Greater Boston Region of the Council on Auxiliaries of the Massachusetts Hospital Association; this brought many visitors from other hospitals to McLean. A panel consisting of Francis de Marneffe, M.D., Director, Winston Johnson, M.A., Director of Development, Frederick McDonald, B.A., Director of Public Relations and James Garland, M.S.S.S., Director of Activity Therapies told the McLean story; a guided tour of the hospital followed.

Under the able Chairmanship of Mrs. Paul Dinsmore, the Program Committee arranged for the Seminar Series in March, and the speaker for the Annual Meeting. It was decided that the four seminar lectures should be given by members of the McLean staff and to center the interest of the series on the general theme of "McLean Hospital – 1811; Onward and Upward". Consequently, the following program was presented most successfully: Mark D. Atlschule, M.D., Consultant on Research in Clinical Physiology, spoke of "The Early History of McLean Hospital"; Irene Jakab, M.D., presented a talk on "The Use of Art in Child Psychiatry"; Golda Edinburg, M.S. in S.S., Director of the Social Work Department, delivered a paper entitled "Oh Dad, Poor Dad, Mother's in the Hospital and He's Feeling So Sad"; and Lawrence A. Stone, M.D., discussed "The Child, the Parents, You and I – What's It All About?". The seminars continue to be one of the Auxiliary's most popular and useful activities.

Speaking at the Annual Meeting on June 4th, Warren Guild, M.D., a well-known authority on the subject of physical fitness, entitled his talk "A Beautiful Woman is a Joy to All". His informative and humorous talk was enthusiastically received by everyone.

As Mrs. Howard Taylor, co-chairman of the Membership Committee found it necessary to resign early in the year, Mrs. John D. Aikenhead carried on alone, and did an outstanding job. She reports that membership reached its high point of 502 at the time of the Annual Meeting. Included were 16 courtesy members, 23 new

members who joined throughout the year and 31 life members. During the year, Mrs. George H. Simonds acknowledged all new memberships with handwritten notes, enclosing a hospital fact sheet and membership booklet. This was remarked upon by the recipients as an act of unusual friendliness.

The Auxiliary and its President are greatly indebted to Mrs. Aikenhead for taking on the responsibility for the newsletter in the absence of a full-time editor, which was no small job. Four newsletters were published during the year; the Fall edition publicizing the joint meeting of the Auxiliary and the Greater Boston Region; the Winter edition reporting on the seminars; the Spring edition devoted entirely to the Strawberry Festival; and the special Summer edition publicizing plans for the Annual Meeting. Mrs. Aikenhead was assisted by Mrs. Preston Breed, who typed the newsletters and by Miss Elizabeth Gwaltney, who did the writing for the Strawberry Festival edition. Complete and excellent coverage of Auxiliary activities in all the local newspapers was obtained by Miss Gail Eaton, Chairman of Publicity.

The Gift Shop, under the Co-Chairmanship of Mrs. G. Manuel Fenollosa and Mrs. Mark M. Hyman, Jr., continued its two-fold function as a service to the patients and a profit-making venture. For the first time, patients have been included as workers in the store, and this venture has been so successful that the hospital has asked that the number of patients be increased. In the spring, the Gift Shop workers were included in the Volunteer Department and now attend orientation meetings of the Department. Once again the shop has been financially successful as is shown by the $2200 check presented to the hospital at the Annual Meeting. The Auxiliary is grateful to all those who direct and staff this important project.

One of the perhaps less glamorous but most important jobs of the Auxiliary Board is the mailing of Auxiliary communications, keeping a bridge between the membership and the Executive Board. This has been most ably handled by Mrs. A. Bruce Downes, who has been responsible for eight or more mailings of over 500 pieces each, incorporating the Newsletters, notices of programs and activities of the Auxiliary, and of the hospital itself. These publications are also mailed to other Auxiliaries and interested organizations in the New England area.

Mrs. Lawrence Stone, able Chairman of the Hospital Liaison Committee reports that her Committee, along with the Hospitality

Committee and the Membership Committee, entertained new Auxiliary members and new resident wives at a sherry party followed by a finger sandwich luncheon in Pierce Hall. This committee performs the important function of keeping the Auxiliary in close contact with the hospital and its staff.

The Hospitality Committee, under the gracious direction of Mrs. Richard Budson, has provided delicious refreshments at all Auxiliary meetings, including the joint meeting in the Fall and the Seminars. This committee also arranged for the unusually good and attractively presented Annual Meeting luncheon.

Mrs. Charles A. Coolidge and Mrs. Winthrop S. Jameson, Jr. continued to represent the McLean Volunteers on the Auxiliary Board. The Auxiliary is most grateful for the generous check presented at the Annual Meeting by Mrs. Jameson from the patient-volunteer gardening group.

An unusually successful Strawberry Festival and Auction was held on the hospital grounds on May 15th. Mrs. Stone and Mrs. Lawrence F. Cusolito, Co-Chairmen of this event, were assisted by more than one hundred Auxilians who gave generously of their time and effort. During the winter, several Auxiliary members held collection coffees, at which many fine items for the auction were collected. Festival attractions included a food table, a plant table, attic treasures, a box luncheon, and strawberry shortcake in addition to the main feature of the auction. The whole event was extremely well attended, and while a tremendous amount of work on the part of the Chairmen and many, many others was involved, the results were well worth it. It was felt that the Festival accomplished a two-fold goal: first, presenting to the hospital a check for $3500, and second, and equally important, bringing together the community, hospital employees, Auxilians, patients and staff in order to promote greater understanding in the field of mental health. The Auxiliary is deeply appreciative of the work of the Co-Chairmen and their committees.

At the Annual Meeting on June 4th, a by-law change was passed by the members present. Under this change, the Board will have six directors, each elected for two years, instead of four directors as in the past.

Numerous board members attended meetings of the Greater Boston Region of the Council on Auxiliaries and the New England Hospital Assembly. The President found it a privilege to attend the meetings of the Coordinating Committee of the MGH which were

extremely illuminating with respect to the challenges and problems of hospital administrations today.

Mrs. Fred L. Glimp and her Nominating Committee presented a splendid slate of officers for the coming year and the President is grateful to them for their time and interest.

She is also most grateful to all the Committee Chairmen who contributed so much to the successful Auxiliary year recorded in this report. A special word of thanks must go to Mrs. Vincent L. Hennessy who retired as Treasurer of the Auxiliary this year. She was the Auxiliary's first and up to now, only Treasurer, and has done an outstanding job in guiding the Board in its financial responsibilities, and in keeping complete and accurate records. The other officers of the Board have been enormously helpful to the President and she wishes to thank each one of them: Mrs. Cusolito, First Vice-President; Mrs. Lucian W. Pye, Second Vice-President; Mrs. Mark M. Walter, Jr., Corresponding Secretary; Mrs. Charles B. Bradshaw, Recording Secretary; and Mrs. Coolidge, Mrs. B. Rowe Hopkins, and Mrs. Simonds, Directors. Dr. de Marneffe's unfailing support of the Auxiliary and his wise counsel are deeply appreciated by the Board, as is the tremendous help given to all Auxiliary projects by Willa F. Pasho, B.S., Assistant Administrator. Indeed the entire hospital family has been more than generous in assisting the Auxiliary at all times. To them, and to our loyal membership, a deeply felt "thank-you".

CLARA McA. GWALTNEY
(MRS. ROBERT H.)
President, McLean Hospital Auxiliary

McLean Hospital

STATEMENT OF DIRECTOR'S EQUITY

September 30, 1969

ASSETS

Cash		186,466.26
Accounts Receivable – Patients		
Current Month Billing	527,232.03	
In House Accounts Overdue	597,987.25	
Discharged Accounts	344,940.31	
Due From Medicare	135,620.45	
Out Patient Clinic	15,596.72	
Total	1,621,376.76	
Less Reserves for Doubtful Accounts	201,341.84	1,420,034.92
Accounts Receivable – Miscellaneous		26,479.59
Inventories – Materials and Supplies		95,672.39
Prepaid Items		6,562.23
TOTAL ASSETS		1,735,215.39

LIABILITIES

Accounts Payable	208,590.82	
Federal and State Taxes Payable	88,146.18	
Deferred Income – Special Funds	81,488.00	
Reserve for Workmen's Compensation	13,171.10	
Reserve for Pensions – Special Funds	140.74	
Blue Cross-Blue Shield Premiums Payable	1,661.68	
Fiduciary Exchange Accounts	26,585.55	
TOTAL LIABILITIES		419,784.07

TREASURER'S EQUITY

Treasurer's Equity 9/30/68		911,440.58	
Add: Cash from Treasurer (Year to Date)		1,695,000.00	
Cumulative Depreciation (Year to Date)		254,913.76	
Total		2,861,354.34	
Less: Operating Surplus or (Deficit)	(50,443.39)		
Disbursements - Special Funds (Year to Date)	(991,630.68)		
Disbursements - Capital Additions (Year to Date)	(503,848.95)	(1,545,923.02)	
Treasurer's Equity as of September 30, 1969			1,315,431.32
TOTAL LIABILITIES AND TREASURER'S EQUITY			1,735,215.39

McLean Hospital

OPERATING STATEMENT

	Current Year *October 1, 1968 Sept. 30, 1969*	*Previous Year* *October 1, 1967 Sept. 30, 1968*
Patient Days Billed	80,223	81,246
Average Daily Census	220	222
Percent of Occupancy (Complement of 256 Beds)	86	87
INCOME		
Room and Care	5,686,448.96	4,952,089.95
Day and Night Care	370,962.00	423,291.00
Out Patient Clinic	192,168.00	151,680.00
Other Patient Income	836,731.85	766,613.00
Other Non-Patient Income	377,735.00	327,304.98
TOTAL OPERATING INCOME	7,464,045.81	6,620,978.93
DEDUCTIONS FROM INCOME		
Free Service In-Patients	218,739.83	255,527.42
Free Service-Day and Night Care	39,334.00	37,220.78
Free Service-Outpatient Clinic	117,308.17	72,576.11
Free Service-Medicare Allowance	30,671.76	3,341.47
Courtesy Allowance	12,200.00	15,654.00
Provision for Doubtful Accounts	105,747.00	93,685.00
TOTAL DEDUCTIONS FROM INCOME	524,000.76	478,004.78
NET OPERATING INCOME	6,940,045.05	6,142,974.15
EXPENSES		
Salaries and Wages (Nursing)	2,159,803.16	1,871,051.00
Salaries and Wages (Other)	3,085,134.26	2,652,647.54
Supplies	585,717.91	569,369.95
Outside Services	378,458.74	382,965.25
Depreciation	254,913.76	226,740.20
Other Expenses	526,455.61	457,654.63
TOTAL EXPENSES	6,990,488.44	6,160,428.57
OPERATING SURPLUS OR (DEFICIT)	(50,443.39)	(17,454.42)
OTHER INCOME		
Treasurer's Income	98,344.28	97,737.96
Less Treasurer's Expense	27,233.06	25,993.71
NET TREASURER'S INCOME	71,111.22	71,744.25
NET SURPLUS OR (DEFICIT)	20,667.83	54,289.83

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).
McLean Hospital is indicated by (McL).

The following abbreviations are used:

B.C.H. – Boston City Hospital, 818 Harrison Ave., Boston, Mass.
B.H.H.C. – Bunker Hill Health Center, 73 High Street, Charlestown, Mass.
B.I.H. – Beth Israel Hospital, 330 Brookline Ave., Boston, Mass.
B.L.I. – Boston Lying-In Hospital, 221 Longwood Ave., Boston, Mass.
B.U.H. – Boston University Hospital, 750 Harrison Ave., Boston, Mass.
C.H.M.C. – Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass.
D.S.H. – Danvers State Hospital, 450 Maple Street, Danvers, Mass.
H.M.S. – Harvard Medical School, 25 Shattuck Street, Boston, Mass.
H.S.D.M. – Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass.
H.S.P.H. – Harvard School of Public Health, 55 Shattuck Street, Boston, Mass.
L.S.H. – Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass.
McL. – McLean Hospital, 115 Mill Street, Belmont, Mass.
M.E.E.I. – Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass.
M.G.H. – Massachusetts General Hospital, Fruit Street, Boston, Mass.
M.I.T. – Massachusetts Institute of Technology, Cambridge, Mass.
M.M.H.C. – Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass.
N.E.C.H. – New England Center Hospital, 185 Harrison Avenue, Boston, Mass.
N.E.D.H. – New England Deaconess Hospital, 171 Harrison Avenue, Boston, Mass.
P.B.B.H. – Peter Bent Brigham Hospital, 721 Huntington Avenue, Brookline, Mass.
R.B.B.H. – Robert Breck Brigham Hospital, 125 Parker Hill Avenue, Roxbury, Mass.
R.F. – Retina Foundation, 20 Staniford Street, Boston, Mass.
S.B.I. – Shriners Burns Institute, 41 Blossom Street, Boston, Mass.
V.A.H. (W.R.) – Veterans Administration Hospital, West Roxbury, Mass.

*Aaronson, Leroy D.
Assistant in Dermatology
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Board of Consultation; Consultant in Electroencephalography (McL)
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Assistant Resident, Surgery
M.G.H.

Abel, Ronald M., *Surgery* '68
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M.G.H.

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M.G.H.

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McL.

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*Balch, Franklin G., Jr., *Surgery* '25
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*Baldamus, Conrad A.
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Haswell, Howard P.
Oakland
Dunn, Fa-Chi
Ewer, Edward G.
Graeser, James B.
Hunt, Richard T.N.
Larkey, Jefferson
Leeper, Roy W.
McNie, Allan B.
Nesche, George E.
Orski, Barbara M.
Schoen, Edgar J.
Splitoff, Clarence A.
Ojai
Atsatt, Rodney E.
Orinda
Thomas, Robert L.
Zwerdling, Michael A.
Pacific Palisades
Sanders, R. Wyman
Steckel, Richard J.
Palo Alto
Bunker, John P.
Cohn, Roy B.
Hawkins, Ralph L.
Hovsepian, Jeannette A.
Josse, John W.
Klainer, Lawrence M.
Korn, David
Kosek, Margaret S.
Leake, Rosemary D.
Leiderman, P. Herbert
Newell, James W.
Perlstein, George
Tanner, Joseph B.
Pebble Beach
Dewey, Edward B.
Palos Verdes Peninsula
Barrett, Peter Van D.
Nelson, Bruce D.
Panorama City
Zawacki, Bruce E.
Pasadena
Cosby, Richard S.
Dole, Kenneth L.
Gentry, Robert W.
MacLaren, Walter R.
Pomona
Wilcox, John C.
Redwood City
Seltzer, Ronald A.
Soholt, Stanley T.
Sacramento
Horn, Carl E.
San Bernardino
O'Brien, Frederick W., Jr.
San Diego
Arthur, Ransom J.
Brannon, Leland C.
Garrity, Richard W.
Peabody, Homer D., Jr.
Riddle, David E.
Schauble, James F.
Williams, Roger A.
San Francisco
Alexander, William
Alston, Edwin F.
Asbury, Arthur K.
Balius, Edward F.
Baringer, J. Richard
Barnett, Charles G.
Bengle, Armand L., Jr.
Bennett, Lillian F.
Cline, John W., Jr.
Cohen, Norman R.
Dillon, Victor M.
Dresel, Rudolph L.
Duff, Arthur W.
Eaton, S. Boyd
Finlayson, Norris B.
Finley, Knox H.
Fisher, David A.
Fishman, Robert A.
Guarino, Arthur V.
Harrison, Marlow B.
Hartwig, Arthur R.
Jackanich, Richard F.
Jergesen, Floyd H.
Lampert, Nelson R.
Levy, S. William
Makel, Harry P.
Mellinger, George W.
Moffitt, Herbert C., Jr.
Nelson, Clarence E.
Noble, Charles A., Jr.
Pappas, Arthur M.
Perry, John W.
Pillsbury, Philip L.
Quinn, Thomas J., Jr.
Roe, Benson B.
Rosenman, Leonard D.
Rowe, John C.
Rukes, J. Max
Sampson, John J.
Sams, Bruce J., Jr.
Shaw, Edward B.
Shaw, Joseph L.
Smith, Curtis E.
Smith, Lloyd H., Jr.
Starke, Rodman D.
Uyeda, Clifford I.
van Ravenswaay, Theodore
White, Laurens P.
Williams, Hibbard E.
Wilson, Edward H., Jr.
Wohl, Richard H.
A.P.O. San Francisco
Scott, William R.
Soter, Nicholas A.
F.P.O. San Francisco
Nozik, Daniel L.
San Jose
Ahnlund, Nels W.
McCort, James J.
San Luis Obispo
Spangler, Paul E.
San Mateo
Campbell, Charles R.
Hills, Oscar W.
Kenner, Gerald
Key, William A.
Morrison, Gordon M.
Ratcliffe, John W.
San Rafael
Manson, Elizabeth Sprague
Reed, John M.
Santa Barbara
Luikart, Ralph H., II
Tanner, James W.
Veazey, Paul M.
Vitt, Robert P.
Santa Cruz
Blade, William R.
Santa Rosa
Sweat, R. Earle
Springville
Winn, William A.
Stanford
Jackson, Stephen H.
Kennedy, L. James
Schimke, Robert T.
Smith, N. Ty
Soyke, Lester F.
Stockton
Barth, Tucker A.
Brewster, Henry H.
West, Weldon W.

Torrance
Cheer, Sheo-Nan
Moyer, Dean LaR.
Truckee
Pier, Gardner
Vallejo
Gibson, George C.
Mead, Sedgewick
Vandenberg Air Force Base
Gold, Howard E.
Ventura
James, William J.
Victorville
Doctoroff, Stephen J.
Walnut Creek
Liu, Ching Tung
Woodland
Ryan, Kevin G.
Thomson, Captaine P.
Woodland Hills
Fang, Harry C.-H.

COLORADO

Boulder
Bedell, Richard F.
McFarland, Robert B.
Colorado Springs
Donald, James H.
Denver
Biddinger, John E.
Brown, Robert K.
Carey, Thomas A.
Claman, Henry N.
Cunningham, Thomas D.
Eiseman, Ben
Elrick, Harold E.
Elsey, Edward C., Jr.
Franz, Elmer M.
Hermann, Gilbert
Highbee, Daniel R.
Hughes, Harry C.
Jobe, Merrill C.
Leidholt, John D.
MacMillan, Hugh A., Jr.
Matchett, Foster L.
Mitchel, Duane H.
Nellhaus, Gerard
Organick, Avrum B.
Packard, George B.
Peterson, Edwin W.
Rhine, Mark
Robinson, William A.
Rosenkrantz, Jens G.
Singleton, John W.
Spencer, J. Robert
Taunton, Oscar D.
Toll, Giles D.
Waddell, William R.
Wood, David J.
Littleton
Defalco, Alfred J.
Lunt, Lawrence K.

CONNECTICUT

Bridgeport
Flagg, James A.
Strayer, Luther M., Jr.
Colebrook
Ragland, Stuart, Jr.
Collinsville
Griggs, John B.
Danbury
Fornshell, Robert P.
Sweet, Paul L.
Farmington
Egloff, Frank R.L.
Pike, Maurice M.
Glastonbury
Henry, William B.
Hamden
MacLeod, Gordon K.
Hartford
Bloomberg, Wilfred
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Freymann, John G.
Greene, Gerald S.
Hepburn, Robert H.
Johnson, Paul R.
Levine, Philip T.
Locke, Harry L.F.
McPherson, Sidney R.
Moloney, David R.
Ogden, Ralph T.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Wood, Edwin C.
Manchester
Breet, Robert D.
Meridan
Bowen, Charles R.
Wallace, Edward P.
Milford
Timm, Alexander B., Jr.
New Britain
Bosco, Harold F.
New Canaan
Hiden, Robert B.
New Haven
Abrahamian, H. Arto
Blodgett, Frederic M.
Colwell, Howard S.
Cook, Charles D.
Ewell, John W.
Farmer, Douglas A.
Fuldner, Russell V.
Garren, Leonard
Glenn, William W.L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Hunt, Samuel P.
Kneisel, John J.
Meigs, J. Wister
Morris, John McL.
O'Connor, Denis S.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Stern, Robert
Whitford, Warren
New London
Barry, Richard M.
Jones, William N.
Norwalk
Gens, John P.
Mulford, Edwin H., II
Sharon
Gevalt, Frederick C., Jr.
Southbury
Harty, John E.
Southport
Harris, H. Patterson, Jr.
Stamford
Healey, James C.
Kraut, Herbert L.
Stratford
Licciardello, Anthony T.
Washington
Tenney, Benjamin
Waterbury
Cole, Clarence H.
Wallingford
Smith, Robert P.
West Hartford
Coley, Mary S.

Klein, Michael D.
Riege, David H.
West Haven
Boger, William P.
Gordon, Philip S.
Woodstock
Forbes, Cecile P.

DELAWARE
Newark
Cutler, Bruce St.J.
Wilmington
Beck, Lawrence H.
Maroney, John W.

DISTRICT OF COLUMBIA
Washington
Albright, Nile L.
Breslow, Alexander
Cantor, Frederick K.
Coleman, Roy M.
DePriest, Oscar S.
Edmonds, Henry W.
Halsted, James A.
Herrmann, John B.
Hurston, Ronald O.
Jessner, Lucie
Kopald, Hugh H.
Koppel, Elizabeth A.
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Paul, John R., Jr.
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Sabin, Hilbert S.
Steenburg, Edmund K.
Tabor, Cecil White
Tobin, William J.
Vidal, Camilo
Watts, James W., II
Wood, William E.

FLORIDA
Boca Raton
Saunders, George M.
Bradenton
McElroy, William D.
Clearwater
Logue, Patrick J.
Coral Gables
Keiser, Robert P.
Webster, Henry deF.
Delray Beach
Howard, Herbert H.
Fort Lauderdale
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainsville
Collins, Goerge H.
DeBusk, Franklin L.
Kuafman, Herbert E.
Lowe, Charles U.
Robbins, John B.
Schiebler, Gerald L.
Jacksonville
Davis, James McC.
Lake City
Stall, Bernard G., III
Lakeland
Fuller, Henry
Lantana
Brock, Benjamin L.
Largo
McDonald, William
Lighthouse Point
Stewart, John D.
Miami
Ackerman, A. Bernard
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Sanders, Jay H.
Miami Beach
Greenberg, Jack J.
Grossman, Milton S.
Miami Shores
Hoffman, Nancy Davis
Orlando
Broome, Robert A., Jr.
Eliscu, Edward H.
Thompson, Edgar B., III
Ormond Beach
Bullwinkel, Bob
Shedden, William M.
Pensacola
Holmes, S. Grant
St. Petersburg
Baker, William G., Jr.
Miller, Ralph B.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S.
Vance, Lewis A.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warington
Graybiel, Ashton

GEORGIA
Athens
Goldsmith, Lauren H.
Talmadge, Sam M.
Atlanta
Buchanan, Thomas M.
Calhoun, F. Phinizy, Jr.
Claiborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H., III
Donnelly, Edwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Henderson, Brian E.
Isaacs, James P.
Liss, Robert A.
McPhedran, Alexander M.
Tuttle, Elbert P., Jr.
Columbus
Vaughan, Robert H.
Decatur
Bartlett, Walter M.
McFarland, James C.
East Point
Tucker, Robert P.
Fort Gordon
Goudsouzian, Nishan G.
Gainsville
Banks, Rafe, Jr.
Keitt, Alan S.
La Grange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Millhaven
Carlton, Frank E.
Savannah
Brown, F. Bert
Sea Island
Wood, James A.

HAWAII
Honolulu
Dodge, Richard S.
Stewart, Steele F.
Straehley, Clifford J., Jr.
Wong, Livingston M.F.
Yee, Lester P.K.
Maui
McGovney, Richard B.

ILLINOIS
Chicago
Barsch, John H.
Berlow, Stanley
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Ferguson, Lloyd A.
Freinkel, Ruth K.
Goulian, Mehran
Howe, Henry F.
Meyer, Harold I.
Mixter, George, Jr.
Moss, Gerald S.
Nilges, Richard G.
Paul, Oglesby
Pietra, Giuseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Richmond, M. Barrie
Shorey, William D.
Evanston
Bliss, Harry A.
Glencoe
Sloss, Laurence J.
Glenview
Ewald, Frederick C.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
LaGrange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Lemont
Brues, Austin M.
Urbana
Maynard, Guy B., Jr.
Waukegan
Waldman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., Jr.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
Des Moines
Gordon, Arnold M.
Iowa City
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.
Oskaloosa
Catterson, LeRoy F.
Waterloo
Bickley, Donald W.

KANSAS
Kansas City
Blubaugh, Sidney A.
Leape, Lucian L., Jr.
Topeka
Sack, Lawrence C.
Wichita
Knapp, M. Robert

KENTUCKY
Ashland
Hutton, John J., Jr.
Harlan
Arrowood, Julia G.
Elliot, Howard L.
Lexington
Cantor, Harvey E.
Francis, Lewis
Massie, William K.
Pearl, Don C., Jr.
Sandifer, Myron G., Jr
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton, L. Douglas
Bate, John T.
Bornstein, Allan M.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
New Orleans
Morris, Harry D.
Shreveport
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Auburn
Thacher, Henry C.
Augusta
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Clement, James D., Jr.
Lium, Rolf
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Caribou
Collins, H. Douglas
Chebeague Island
Guardo, James L.
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Kittery
Snyder, Monica H.
Snyder, William H., Jr.
Lewiston
Gashgai, Abdollah
Portland
Bidwell, Robinson LeR., II
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Johnson, Oscar R.
Keating, Philip J.
Leonard, Lawrence M.

McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.

Saco
Stevens, Harold W.

MARYLAND

Baltimore
Becker, Lewis C.
Firminger, Harlan I.
Fitz, William F.
Gay, Leslie N.
Harper, David T., Jr.
Hollander, Joshua
Howard, John E.
James, A. Everette, Jr.
Johnson, Richard T.
King, W. Bradley, Jr.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Murray, Gordon F.
Phelps, Winthrop M.
Robinson, Esther H.
Skinner, David B.
Sutherland, George F.
Talalay, Paul
Von Kessler, Kirby L.C.
Walser, Mackenzie
Zuidema, George D.

Bethesda
Abel, Ronald M.
Asher, David M.
Atkinson, Arthur J., Jr.
Bailey, David W.
Barton, Robert W.
Bilheimer, David W.
Bishop, J. Michael
Blass, John P.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Brown, Michael S.
Brubaker, Richard F.
Burke, Robert E.
Canelos, Goerge P.
Chase, Thomas N.
Crowell, Robert M.
Dale, David C.
Daniels, Gilbert H.
Daniels, Hadassah S.
Davis, Burnett M.
Davis, John M.
Deuel, Thomas F.
DeVivo, Darryl C.
Ein, Daniel
Ellman, Leonard L.
Engelman, Karl
Fraley, Elwin E.
Gaffney, Thomas E.
Gelb, Lawrence D.
Gelehrter, Thomas D.
Glass, Andrew C.
Globus, Gordon G.
Glueck, Charles J.
Gotto, Antonio M., Jr.
Grave, Gilman D.
Harrington, John T., Jr.
Harting, Donald
Herberman, Ronald B.
Jacobs, Edward E., Jr.
Kark, R.A. Pietre
Langer, Terry
Laster, Leonard
Lott, Ira T.
Minna, John D.
Mogielnicki, Robert P.
Mudd, S. Harvey
Mullin, Edward M.
Murad, Ferid
Nigra, Thomas P.
Page, David L.
Pitts, W. Reid
Poletti, Charles E.
Pollard, Thomas D.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Sarnoff, Stanley J.
Scolnick, Edward M.
Scott, Richard D.
Shipley, William U.
Simon, Harvey B.
Simon, William H.
Sloane, Robert E.
Smith, Arnold L.
Smith, R. Graham
Smitherman, Thomas C.
Sox, Harold C., Jr.
Stossel, Thomas P.
Strauss, John S.
Strober, Samuel
Sugarbaker, Everett V.
Waldmann, Thomas A.
Weinshilboum, Richard M.
Weiss, Ira W.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Bernstein, Stephen B.
Brown, Robert H.
Clapp, Stewart
Goldstein, Joseph L.
Gray, Sheila H.
Varney, Hewitt I.

Edgewood
Duffy, Frank H.

Ellicott City
Molliver, Mark E.

Frederic
Keller, Albert R.

Glen Echo Heights
Leventhal, Brigid G.
Leventhal, Carl M.

Kensington
Cohen, Alfred M.
Patterson, Robert D.

Owing Mills
Greene, D. Crosby, Jr.

Potomac
Hakala, Thomas R.

Rockville
Epstein, Ervin H., Jr.
Herman, Albert E.
Levey, Gerald S.
Mirkin, Gabriel B.
Pincuz, Theodore P.
Sheagren, John N.

Silver Spring
Waldmann, Katharine S.
Wood, William C.

Takoma Park
Blunden-Morris, Dulcie E.
McGill, Raymond J., Jr.

Towson
Adams, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Agawam
Kopriva, Charles J.

Andover
Buchanan, Douglas
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walther T.

Arlington
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.

Saunders, Gordon A.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Agular, Steve G.
Altschule, Mark G.
Aub, Joseph C.
Bendt, Richard H.
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Borrell, Leo J.
Bouton, Brian
Budson, Richard D.
Busiek, Robert D.
Cain, Arthur J.
Caldwell, Enid
Campbell, Corbett
Christ, Jacob
Churchill, Edward D.
Collins, Mary H.
Craven, N. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneffe, Francis L.A.
Denovian, John
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
Folch-Pi, Jordi
French, Perrin L.
Gonzales, Francisco (Sastre)
Greenberg, Ramon M.
Griffith, David D.
Hauser, George P.
Hermann, Howard T.
Herzberg, Joseph H.
Hess, Helen H.
Holzman, Todd F.
Hopps, Christopher R.
Howard, Paul M.
Hudson, Carlos
Humenansky, Diane Bay
Ingle, David J.
Ise, Carolyn
Isenberg, Philip L.
Jakab, Irene
Jick, Hershel
Julian, Brigitte M.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kazanjian, Varaztad H.
Kelleher, Philip
Kenney, Helen J.
Kershaw, Beatrice R.
Kerzner, Arnold M.
Lees, Marjorie B.
Levine, Matthew E.
Linscheer, Willem
Longabaugh, Richard H.
Maher, Brandan A.
Marks, Alan N.
Mathews, J. Wayne
Menzin, Aaron W.
Meshorer, Edward
Middleton, Charles R.
Miller, Martin A.
Millstein, Philip L.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Mols, John M.
Mondale, Jason E.
Peace, John K., Jr.
Perry, Jalna A.
Pope, Alfred
Potter, Lloyd G.
Price, Lloyd F.
Proner, Barry D.
Robbins, Michael D.
Robinson, Phelps M.
Ruzumna, Lawrence
Salomon, Lucy
Sampson, Patsy H.
Schnitzer, Robert D.
Schwartzreich, Edward S.
Semon, Ralph G.
Sens, Richard
Shaw, Daniel
Shein, Harvey M.
Sheinis, Arnold
Sherman, Gwendolyn M.
Simon, Franklin S.
Slone, Dennis
Snider, Marvin
Stambler, Morris
Stanton, Alfred H.
Stauffer, Ruth E.
Stiver, Irene P.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Lawrence A.
Strasburger, Larry H.
Suescum, Alfredo T.
Torop, Paul
Walter, Mark M., Jr.
Washburn, Stephen L.
Weinstock, Robert
Whikehart, David R.
Williams, Harold W., Jr.
Yudowitz, Bernard S.
Zaidenberg, Martha H.
Ziskind, Alan E.

Beverly
Alt, Richard E.
Carbone, Duane F.
Fienberg, Robert
Hewson, James S.
Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Sneddon, Ernest A.
Todd, Barnard P.

Boston
Abbott, William N.
Abernethy, Robert S.
Abramowitz, Harold
Abramson, Maxwell
Ackerman, Irving P.
Ackerman, Robert H.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Levi C.
Adams, Patricia C.
Adams, Raymond D.
Africa, Bruce B.
Agus, Saul G.
Aisenberg, Alan C.
Al-Bazzaz, Faiq J.
Aldredge, Horatio R., III
Aldredge, Kay F.
Alen, David W.
Allen, Henry F.
Alonso, Anne W.
Alpers, David H.
Alpert, M. Elliot
Ames, Adelbert, III
Anders, Terry R.

Anderson, William H.
Andrew, Norman W.
Anesey, Joan R.
Angell, Franklin L.
Appel, Eugene L.
Armstrong, Paul W.
Arnason, Barry G.W.
Arndt, Kenneth A.
Aronow, Saul
Aserkoff, Bernard R.
Ashare, Alan B.
Asher, Marc A.
Aster, Richard H.
Aström, Karl E.
Atkins, Leonard
Atkinson, John P.
Atkinson, Kenneth H.
Aufranc, Otto E.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Avendano, Mireya D.
Avruch, Joseph
Babineau, Jean P.
Baden, Howard P.
Badger, Theodore L.
Bagshaw, Joseph C.
Bain, Jane
Baker, George P., Jr.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldamus, Conrad A.
Baldessarini, Ross J.
Ballantine, H. Thomas, Jr.
Bandler, Bernard
Banks, Henry H.
Banquet, Jean-Paul
Barker, Robert H.
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnes, Virginia
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, John P., Jr.
Barron, Kenneth G.
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Theodore C.
Battit, George E.
Bauman, Margaret L.
Bauman, Roger A.
Bean, Margaret H.
Beck, Clyde H., Jr.
Beck, William S.
Becker, Karl E., Jr.
Beecher, Henry K.
Behringer, Glenn E.
Beirholm, Edward A.
Beisaw, Norman E.
Beiser, Morton
Belsey, Richard E.
Benedict, Karl T.
Bennett, Michael J.
Bennett, William M.
Benz, Ronald R.
Berenberg, William
Berger, Jean Pierre
Berke, Raymond A.
Bernstein, Jerrold G.
Bernstein, Norman
Bernstein, Philip
Bertland, Alexander U.
Bianco, Jesus A.
Bianco,Marbella B.
Bice, David E.
Bierbaum, Benjamin E.
Bigelow, Frederick S.
Billote, Juanito B.
Bird, Kenneth T.
Bittar, David A.
Black, Paul H.
Blacker, Edward
Bland, Edward F.
Bland, John H.L.
Blane, Howard T.
Blank, Irvin H.
Blennerhassett, John B.
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Bobroff, Lewis M.
Bode, Hans H.
Boerstling, Herbert
Bohning, Daryl E.
Boland, Arthur L.
Bonar, Lawrence C.
Bondoc, Conrado C.
Boos, Winfried
Borden, Spencer, IV
Bordone, Lilia E.
Borer, Jeffrey S.
Bost, Frederic W.
Botstein, Paula M.
Boyd, Robert J.
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Brendler, Samuel J.
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Briefer, Caesar, Jr.
Briggs, Burton A.
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Brownell, Gordon L.
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Bruns, Romaine R.
Bucher, Nancy L.R.
Buckley, Mortimer J., Jr.
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Burnett, Jean B.
Burnham, Charles A.
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Burnside, John W.
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Bushnell, Leonard S.
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Cannon, Helen C.
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Carnes, Harold A.
Carter, Edwin L.
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Cass, John W.
Cassem, Edwin H.
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Castle, William B.
Castleman, Benjamin
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Cecere, Gerald J.
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Chiu, Thomas L.
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Cohen, Max H.
Cohen, Richard B.
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Coleman, David L.
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Constable, John D.
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Cornetta, William J., III
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Cronkhite, Leonard W., Jr.
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Crystal, Ronald G.
Cserr, Robert
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Douglas, Adrian P.
Downing, Stephen W.
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Drysdale, James W.
Duda, Gerhart A.
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Duritz, Gilbert
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Eisen, Simon T.
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Erdmann, A. John, III
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Feinhandler, Sherwin J.
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Fine, Samuel
Finseth, Frederick J.
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Fischer, Josef E.
Fisher, C. Miller
Fisher, Morris A.
Fisher, T. Richard
Fisk, Samuel H.
FitzHugh, Greene
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Franseen, Clifford C.
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Glicklich, Earl A.
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Keutmann, Henry T.
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Koumans, Alfred J.R.
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Levy, Steven T.
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Littlefield, John W.
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Loftus, J. Gerald
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MacKnight, Anthony D.C.
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McEnany, Michael T.
McGann, Robert C.
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Patel, Dineshkumar G.
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Prescott, Richmond
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Price, H. Donald
Prien, Edwin L., Jr.
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Putschar, Walter G.J.
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Shirazi, Manoucher S.
Shore, Neil S.
Short, Charles L.
Showalter, Henry B., Jr.
Shurman, Joseph
Sidman, Murray
Sidman, Richard L.
Sidorowicz, Antonina J.
Siedlecki, Jerzy B.
Siegert, Herbert C.
Sifneos, Peter E.
Simon, Sheldon
Sinesi, Sabino J.
Singbeil, Julius H.
Singer, Frederick R.
Singer, Irwin
Singer, Kenneth M.
Sisson, John H.
Skamene, Emil
Skinner, Donald G.
Skinner, James C.
Skinner, Mary D.
Sledge, Clement B.
Sleeper, Edward L.
Slesinski, Ronald S.
Sloane, Robert E.
Smedley, Lois M.
Smith, Charles M.
Smith, Gene M.
Smith, Richard M.
Smith, Robert S.
Smith, Thomas W.
Smith-Petersen, Morten
Smithwick, Reginald H.
Snodgrass, Samuel R.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Earl G.
Solomon, Harry C.
Solorzano, Oscar
Soloway, Albert H.
Soper, Michael R.
Sosman, John L.
Southmayd, William W.
Spangler, Arthur J.
Spear, Louis M.
Speare, George S.
Spector, Alan R.
Spellman, John W.
Spillane, John B.
Spinelli, Ralph W.
Spinola, Massimiliano
Squires, Homer J.
Stathakos, Dimistri
Stavrolpoulos, Athena
Steck, Theodore L.
Steele, Robert E., Jr.
Steinman, Ralph M.
Stempien, J. Henry
Staphenson, Mary L.
Stetson, Richard P.
Stewart, Richard R.
Stewart, Thomas D.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Strieder, Denise J.
Strole, William E., Jr.
Sturgis, Somers H.
Suby, Howard I.
Sullivan, Philip
Sun, Edward R.
Sundaram, Pennathur
Surman, Owen S.
Sutphen, John H.
Suzuki, Hiroshi
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, Roger H.
Sweet, William H.
Szabo, Goerge
Szyfelbejn, Stanislaw
Taft, Edgar B.
Taft, Priscilla D.
Taguchi, Kenneth
Takamatsu, Hidehiko

Talamo, Richard C.
Talbot, Nathan B.
Tanaka, Kay
Tarlov, Edward
Taylor, Philip H.
Tecce, Joseph J.
Tefft, Melvin
Temeriusz, Andrzej C.
Terao, Hideo
Thach, William T., Jr.
Thebaut, Ben R., Jr.
Thenen, Shirley W.
Thibault, George E.
Tilley, Robert F.
Toda, Kiyoshi
Todd, Donald P.
Togut, Allen J.
Tolkoff, Nina E.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Toole, Bryan P.
Touchette, Paul E.
Trachtenberg, Howard A.
Trachtenberg, Michael C.
Tracy, David M.
Tregear, Geoffrey W.
Trelstad, Robert L.
Trevett, Laurence D.
Trichet, Bernadette
Trowbridge, Frederick L.
Truman, John T.
Tucker, Walter I.
Ulfelder, Howard
Umlas, Joel
Vancura, Pavel
Vander Salm, Thomas J.
Vanderveen, James L.
Vasquez-Amory, Ernesto
Vermillion, Clinton D.
Veyrieres, Alain M.
Vickery, Austin L., Jr.
Volpe, Joseph J.
Waitzkin, Evelyn D.
Walker, William A.
Wallace, James W.
Wallach, Donald F.H.
Walzer, Sarita G.
Wang, Chiu-an
Wanibuchi, Yasuhiko
Warren, Christopher D.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Wasserman, Linda
Waterfield, Michael D.
Watson, Barbara K.
Watts, Frederick B., Jr.
Watts, Hugh G.
Waud, Barbara E.
Waugh, Nancy C.
Webb, Suzanne S.
Weber, Alfred L.
Webster, Edward W.
Wedrow, Earl M.
Weinberg, Arnold N.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weingarten, Peter L.
Weinger, Jesse M.
Weinstein, Louis
Weinstein, Ronald S.
Weintraub, Ronald M.
Weiser, Milton M.
Weisfeldt, Myron L.
Weisman, Avery D.
Weiss, Alfred D.
Welch, Claude E.
Welch, John P.
Wells, Lionelle D.
Wepsic, James G.
Werner, Thomas C.
Wesley, John R.
Westerfield, Larry H.
Wheeler, Edwin O.
Wheeler, William F., Jr.
Wheelock, Frank C., Jr.
White, Alan F.
White, James C.
White, Paul D.
Whiting, Richard B.
Whiting, Richard G.
Whitlow, Dennis R.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willerson, James T.
Williams, Christine L.
Williams, Conger
Williams, J. Richard
Williams, Vernon P.
Williams, Willis H.
Winkler, Gerald F.
Winn, Henry J.
Wipfelder, Rosemarie
Wirthlin, LeRoy S.
Wishner, Stanley H.
Wishnie, Howard A.
Wolf, Irving
Wolf, Laurence E.
Wolpow, Edward R.
Wonham, V. Anne
Woo, Sybil Wong
Woodruff, Lorande M.
Woods, Bryan T.
Worden, J. William
Wright, John E.C.
Wright, R. Lewis
Wyman, Edwin T., Jr.
Yakovlev, Paul I.
Yankauer, Alfred
Yett, Harris S.
Yokoyama, Mitsuo M.
Yonath, Jacob
Yoshikawa, Hideyasu
Young, D. Michael
Young, Hugh H., II
Young, Robert R.
Yurchak, Peter M.
Zaacks, Philip L.
Zacest, Rudolf
Zacharias, Leona
Zamcheck, Norman
Zamecnik, Paul C.
Zervas, Nicholas T.
Zifferblatt, Steven M.
Zimbler, Seymour
Zinninger, George F.

Bridgewater

Barrows, Lawrence J.

Brighton

Broderick, Thomas F., Jr.
Flynn, Robert E.
Lindemann, Erich
Morley, Helen R.
O'Brien, Richard G.

Brockton

Baker, Edward P., Jr.
Chase, John S.
Dickersin, G. Richard
Duncombe, Alfred L.
Potsaid, Majic S.
Zavarine, Richard

Brookline

Barsh, Laurence I.
Beuscher, William F.
Bogoch, Samuel
Brownsberger, Carl N.
Burgin, Leo B.
Chalpin, George
Chute, Richard

Cline, Herbert S.
Cohen, M. Michael
Darling, R. Clement
Derow, Harry A.
Doonan, James M.
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Holland, Daniel J., Jr.
Hormell, Robert S.
Kahana, Eda M.
Kris, Kathryn Beck
Levin, Sidney
Linton, Robert R.
MacAusland, Andrew R.
Mittel, Neuman S.
Mushatt, Cecil
Peters, John H.
Potter, Maxwell G.
Prather, George C.
Quarton, Gardner C.
Rhodes, Frank I.
Schatzki, Richard
Schatzki, Stefan C.
Sisson, Warren R.
Smith, Judson A.
Sperber, Michael A.
Sturgis, George P.
Surls, Joseph K.
Thomas, William H.
Towne, John W.
Villee, Dorothy B.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Buzzards Bay
Derow, Sidney

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Anliker, James E.
Balch, Franklin G., Jr.
Bell, Eugene
Benda, Clemens
Binger, Carl A.L.
Bock, Arlie V.
Brazelton, T. Berry
Carter, Franklin
Carter, George H.
Catlin, Randolph, Jr.
Coles, Martin R.
Coolidge, John C.
Damon, Albert
Decker, Briant L.
Deutsch, Helene
Dexter, Chester J.
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Evans, Robley D.
Everett, Henry C., III
Farnsworth, Dana L.
Field, Mark G.
Floyd, Cleveland
Frank, Thomas
Gordon, John E.
Grunebaum, Henry U.
Hardy, Harriet L.
Homans, John, Jr.
Hubbard, Eliot, Jr.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Lees, Robert S.
Levey, Bernard
Linnell, Zenos M.
Lorch, Stephen
Mann, Robert W.
Manson, James G.
Matovinovic, Josip
Matz, Myron H.
Means, Paul H.
Merrill, Edward W.
Miller, Elliott V.
Moses, John M.
Palmer, Don
Paul, Igor L.
Pechet, Maurice M.
Pierce, Chester M.
Point, W. Warren
Porter, Philip J.
Postel, Sholem
Price, Donald L.
Reid, Elizabeth Aub
Reinhold, Vernon N.
Richie, Robert H., Jr.
Rosales, Remedios K.
Ross, Ralph A.
Sharpe, William. Jr.
Sprague, Howard B.
Stanbury, John B.
Stone, Alan A.
Tingey, William H., Jr.
Toll, Karel van Syckel
Townsend, James H.
Wacks, Jerry
Weinberger, Jerome L.
Weiss, Ruth S.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zetzel, Elizabeth R.
Zinberg, Norman E.

Carlisle
Haendel, Frank

Charlestown
Allukian, Myron, Jr.
Connelly, John P.
Dyer, Edward C.
Leet, Robert K.
Moore, Gordon T.
Murphy, Joseph T.
Sachs, Benjamin
Sack, William H.
Simmons, Alvin

Chelsea
Gibson, James M.

Chesnut Hill
Benedict, Edward B.
Benedict, Patricia H.
Daniels, Edward M.
Garland, Joseph
Hodgson, John S.
Hoeffel, Gerald N.
Livingstone, John B.
Lund, Charles C.
Simon, Harold
Thorndike, Augustus
Wermer, Olga S.

Cohasset
Morse, George W.
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Fay, Gardner F.
Ginandes, Shepard C.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hoover, Terrence D.
Keuper, Charles S.
McDonald, Francis C.
Norton, Paul L.
Reynolds, Stephen L.
Strickler, William L.
Toomey, Edward G.
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Jones, Wallace A.
McNickle, Ian G.
Patton, Anthony S.
Stachiewicz, Danuta M.
Thornton, Clarence E.

Dedham
Osborne, Robert K.
Putnam, Henry M.
Rectanus, Daniel R.
Sweetnam, Goerge H.

Dorchester
Dempsey, Peter A.
Murphy, John D.
Paolitto, Frank J.

Dover
Clowes, Goerge H.A., Jr.
Santoro, Benjamin T.

Duxbury
Fowler, Dwight M.
Phillips, Frederic J.

East Falmouth
Steel, David

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Miller, Abbott R.
Spencer, Jack

Falmouth
Bixby, H. Irving
Sowles, Horace K.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Senghas, Richard E.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.
Rosenberg, Bruce M.

Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harwich Port
Hoyt, W. Fenn

Harvard
Wolterbeek, Jacob C.

Hingham
Eldredge, LeRoy L., Jr.

Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.

Hyde Park
Schmitt, E. William, Jr.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.

Jamaica Plain
Dickson, William A.
Dwight, Richard W.
Edsall, Geoffrey
Ewald, Frederick C.
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Luongo, Michael A.
Shapiro, Samuel
Solarzano, Oscar
Timberlake, William H.
Turner, Roderick H.
Zieper, Irving

Lawrence
D'Urso, John J.
Fowler, Joseph W., III
Holihan, Joseph P.
O'Shea, James A.

Leominster
Wheeler, Charles A.

Lexington
Bellinger, Martin J.
Cosgrove, William L.
Friedman, Leonard J.
Joseph, Alfred T.
Petersen, James A.

Lincoln
Abbott, John A.
Keevil, Charles S., Jr.
Murphy, Ruth

Longmeadow
Huston, Lewis L.
Lewis, James
Plotkin, Leonard H.

Lowell
Grant, George J.M.
Letsou, Vasilios G.

Lynn
Agranat, Barry J.
Coletta, Cesare G.
Connolly, Thomas F.
Cooperman, Sheldon
O'Keefe, Edward S.
Sarris, Spiros P.
Simons, Laurence A.
Slater, Eliot M.
Taggart, F. Howard, Jr.

Lynnfield
Newhall, Harvey F.

Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Scanlon, John W.

Manchester
Fremont-Smith, Maurice

Marblehead
d'Elseaux, Frank C.
Goldfein, Michael L.
Hopkins, Stanford W.
Kimball, Peter G.

Mattapoisett
Empson, Dora R.

Melrose
Glines, George A.
Osgood, Herman A.
Rich, James
Thorp, Edward G.
Watson, Richard H.

Milton
Driscoll, Robert A.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina

Natick
Cohen, John M.
Hanelin, Joseph
Needham
Goldman, Gerald C.
Jackson, Henry, Jr.
Vanderpol, Maurice
New Bedford
Lewis, Emory O.
Tripp, Curtis C.
Newburyport
Bullard, Carlton W.
Newton
Adler, Morris H.
Cion, Maurice C.
Dierks, Marianne
Hoffer, Alex
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.
Silverman, Samuel
Newton Highlands
Brailey, Allen G.
Newton Lower Falls
Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.
Newtonville,
Thoma, Kurt H.
Norfolk
Yatsuhashi, Masao
North Adams
Urmy, Thomas Van O.
Northampton
Averill, James H.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Norwell
Kearsley, Richard B.
Mayo, Richard A.
Oak Bluffs
Claydon, Charles T.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Haggart, G. Edmund
Hamilton, Harold H.
Pocasset
Sanborn, Frederick
Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Young, Eliot
Randolph
Moore, Robert F.
Reading
O'Connor, Harrison
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.
Roxbury
Gates, Philip H.
Salem
Brennan, Charles G.
Conway, Richard E.
Kaulbach, Maximiliaan G.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Stebbins, Henry D.
Thompson, Richard H.
Winer, Richard A.
Scituate
Joseph, John B.
South Dartmouth
Hamlin, Edward, Jr.
Higgins, Robert B.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Hamilton
Bacon, William B.
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Williams, David W.
Zacarian, Setrag A.
Stockbridge
Kimberly, Charles H.
Stoneham
Mueller, H. Peter
Stoughton
Sullivan, William H.
Sudbury
Johnson, F. George
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Vineyard Haven
Butler, Allan M.
Waban
Beuscher, Ruth B.
Gallagher, Francis P.
Green, Sidney
Olin, Harry S.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Ferrucci, Joseph T.
Rosenthal, Murray K.
Waltham
Barber, Doris E.
Edelstein, Leon M.
Haessler, Herbert A.
Hardy, Irad B.
Holmes, Joseph A.
Kanfer, Julian N.
Kety, Josephine G.
Lewis, Joseph L.
Mixter, Charles G., Jr.
Rajaramalingam, Sundararajan
Raynes, Norma V.
Saffer, S. David
Shulman, Leonard B.
Simmel, Marianne L.
Van Nuys, Fresenius
Wareham
Lincoln, James R.

Wayland
Leff, Robert F.
Parsons, David W.
Waldron, Robert L., II
Yellen, Martin
Wellesley
Flanagan, Norris B.
O'Connell, Francis D.
O'Sullivan, Renee B.
Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Gill, Peter Lawrence
Gray, Basil C.
Leake, Donald L.
Morrison, Harvey R.
Parker, Jack S.
Pfeffer, William, Jr.
Reidy, John A.
Zeller, John W.
Wenham
Rogers, Daniel M.
West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.
West Falmouth
Faxon, Nathaniel W.
West Harwich
Carney, Henry J.
West Newton
Berezin, Martin A.
Jenney, Peter B.
Weston
Choras, Peter T.
Clark, John G., Jr.
Moreton, John R.
Rolde, Alexandra
Swan, Channing S.
Trivus, Robert H.
West Roxbury
Littmann, David
McCaughan, Donald
McGovern, Joseph J.M., Jr.
Sasahara, Arthur A.
Westwood
Taylor, John B.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Clark, Richard J.
Harris, Eddie H.
Kaufmann, Gustav G.
Kermond, William L.
Marks, George A.
Rendall, Edward S.
Woburn
McKenzie, Wilfred L.
Worcester
Burrow, Jarrel G.
Carmody, John T.B.
Damiani, C. Robert
Duggan, John A.
Harper, Robert S.
Howard, Philip J., Jr.
James, Lewis P., Jr.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Myler, Richard K.
Oakley, Joseph C.
Soutter, Lamar
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.
Yarmouthport
Anderson, Elroy E.

MICHIGAN

Ann Arbor
Bishop, Ronald C.
DeLong, W. Bradford
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.
Birmingham
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.
Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N. Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.
Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo
Grosse Pointe Woods
Krickstein, Herbert I.
Ionia
Tannheimer, John F.
Iron Mountain
Alexander, William H.
Jackson
Munro, Nathan D.
Livonia
Larson, Ronald R.
Saranac
Faust, Lawrence W.

MINNESOTA

Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
McKhann, Charles F.
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang
Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
St. Paul
Larkin, John E., Jr.

MISSISSIPPI

Biloxi
Civetta, Joseph M.
Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI

Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

St. Joseph
McDaniel, John R.
Riddell, Richard V.
Kirkwood
Gaston, Lamont W.
St. Louis
Alpers, David H.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Feigin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Jamison, Rex L.
Lehman, Ralph A.W.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Vagelos, Pindaros R.
Waltman, Stephen R.
Trenton
Fuson, W. Arthur

NEBRASKA
Omaha
Bisgard, James D.
Luikart, Ralph H.
Owen, Pere A.

NEVADA
Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

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Mintz, E. Ross
Dover
Wilson, Robert F.
Dublin
Meath, James A.
Exeter
Curtin, Richard R.
Heyl, James T.
Greenville
Hitchcock, James
Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, O. Sherwin, Jr.
Sycamore, Leslie K.
Jaffrey Center
Millard, D. Glynn
Keene
Ash, Homer L.
Gregory, Harold E.
Laconia
Baker, William L.
Manchester
Bienvenu, Lester J.
Colokathis, Paul P.
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.
Nashua
Sturdevant, Charles L.
Newbury
Fish, James E.
New London
Beaman, George B.
North Conway
Pippitt, Richard B.
Orford
Hall, Marshall G.
Peterborough
Watkins, Arthur L.
Portsmouth
Piper, Edmund L.
Sunapee
Dickson, Carol C.

NEW JERSEY
Bloomfield
Hobson, Lawrence B.
Boonton
Ward, Albert J.
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Glen Ridge
D'Alessandro, Genesio L.
Hightstown
Munro, Jeannette
Madison
Diehl, Sylvia Davies
Monmouth Beach
Brewster, William R., Jr.
Montclair
Greene, Robert G.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Paterson
Sporer, Edita S.
Van Eerde, Albert
Pittsford
Moore, William R.
Princeton
Dalrymple, Willard
Levey, Raphael H.
Rothberg, Harvey D., Jr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
South River
Urbaniak, Henry S., Jr.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.
Washington
Horwitz, William H.

NEW MEXICO
Albuquerque
Adler, Scott
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Mora, Federico
Parnall, Edward
Williams, Ralph C., Jr.
Los Alamos
Grier, Robert S.
Shipman, Thomas L.

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Dunbar, Ronald W.
Mason, John W.
Prieto, Alberto, Jr.
Walker, Michael J.
Albany
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.
Bath
Traver, Ralph F.

Bronx
Abramowicz, Mark
Barondes, Samuel H.
Birger, Daniel
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert

Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C.B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard
Winter, Peter M.

Cambridge
Amick, Arthur F.

Cleverdale
Tefft, Richard C., Jr.

Cooperstown
McIver, Monroe A.
Sahler, Otto DeP.

Croghan
Guller, Erastus I.

Delmar
Berg, Howard W.

Fayetteville
Neptune, Edgar McC.

Glen Falls
Batt, Richard C.

Hollis
Stearns, Thornton

Irvington
Brooks, Leslie

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L.

Larchmont
Haralambie, James Q.

Little Neck, Long Island
Wenig, Martin

Manhassett, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.

Mechanicville
Ryan, James P.

Mount Morris
Judd, James M.

New Hartford
Millet, J. Bradford

New York
Alper, Joseph M.
Ault, Lynn L.
Baddock, Sheldon S.
Binder, Sheldon C.
Bowden, Lamuel
Carroll, Robert E.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Goldblatt, Myron E.
Gomatos, Peter J.
Grant, Lester H.
Gross, Brian B.
Hajek, Joseph V.
Heffron, Roderick
Henley, Thomas F.
Hiebert, John M.
Hirschman, Shalom Z.
Hofer, Myron A., II
Johnson, Louis F.
Kantor, Martin J.
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Malcolm, John A.
Malkin, Richard B.
Marcy, S. Michael
Metcalf, Kenneth M.
Moore, Burness E.
Mote, John R.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Pollock, Edward J.
Quan, Stuart H.Q.
Rappleye, Willard C.
Rovit, Richard L.
Schulman, Joseph D.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Squire, Lucy F.
Stason, William B.
Stenger, Richard J.
Tenney, Vivian A.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Youmans, John B.
Yount, William J.

North Tarrytown
Thompson, Walter A.

Pelham
McHugh, Paul R.

Plattsburg
Barton, Lyman G., Jr.

Poughkeepsie
Bedell, Wallace C.
Keeley, James K.

Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Boller, Charles
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Egel, Norman
Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Hall, Thomas C.
Jones, Robert H.
Morgan, William L., Jr.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stetson, John B.
Steward, James M.

Roslyn Estates
Bonomo, Gregory R.
Scarsdale
Hammond, William
Lipman, Marvin M.
Newman, Herbert A.
Seed, John C.
Schenectady
Rogers, William A.
Syracuse
Dunn, Edward
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Silverman, A. Clement
Troy
Talin, John J.
Upton
Cotzias, George C.
Dahl, Lewis K.
Utica
Case, Calrke T.
Knapp, Robert G., Jr.
Watertown
George, H. Louis, Jr.
Woodbury
Charash, Leon I.

NORTH CAROLINA
Asheville
Morrison, Roger W.
Neville, Charles W., Jr.
Chapel Hill
Barnett, Thomas B.
Burnett, Charles H.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Preston, Edwin T.
Rolett, Ellis L.
Sparling, P. Frederick
Taylor, Isaac M.
Charlotte
Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Appel, Stanley H.
Griffith, John F.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Pearse, Richard L.
Peete, William P.J.
Persons, Elbert L.
Reeves, Robert J.
Rygorsky, Jerome E.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Morgantown
Vernon, James T.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Rhodes, John S.
Wooten, E. Jane Herring
Worth, Thomas C.
Young, David A.
Southern Pines
McMillan, Robert M.
Wilmington
Graham, Charles P.
Winston-Salem
Bostic, William C., III
Cole, Monroe
Conrad, Elizabeth

OHIO
Akron
Kramer, James G.
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Bratenahl
Irwin, Robert J., Jr.
Canton
Morgan, Winfield S.
Scott, Murray W., Jr.
Cincinnati
Acheson, George H.
Block, Gordon L.
Confer, David Bruce
Freiberg, Joseph A.
Gall, Edward A.
Jordan, Earl F.
Kleinman, Leonard I.
Newstedt, J. Rogert
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Cleveland
Badal, Daniel W.
Banker, Betty Q.
Bloomfield, Daniel K.
Brodkey, Jerald S.
Evans, Richard R.
Ford, Amasa B.
Groves, Laurence K.
Hopkins, Robert W.
Jeferies, William McK.
Kendrick, James I.
Miller, James G.
Normann, Nils
Pearson, Olaf H.
Rhidelander, Frederic W.
Ryan, Kenneth J.
Shannon, Edward W.
Weir, David R.
Cleveland Heights
Baumgartner, Donavin A., Jr.
Glover, Donald M.
Columbus
Ellis, Effie O.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.
Dayton
Flook, Samuel E.
Hochwalt, W. Richard
Hollister, Nathaniel R.
Kornfield, Michael A.
North Canton
Shipley, Margaret S.
Wooster
Jackson, Lee
Youngstown
Coombs, Frederick S.

OKLAHOMA
Altus
Hiett, Joan K.
Ardmore
Schuler, James D.
Lawton
Loescher, Richard A.
Muskogee
Fite, E. Halsell
Oberlin
Warner, John H., Jr.

Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.
Talihina
Atherton, Stephen O.
Tulsa
Steele, Byron W., Jr.

OREGON
Arch Cape
Rockey, Eugene W.
Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas
Portland
Baker, Russell L.
Boyden, Allen M.
Crary, Lyall S., Jr.
Ditmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Thatcher, Blair van H.
Whittemore, James P.

PENNSYLVANIA
Ardmore
Sampson, D. Allen
Bangor
Cascario, Nicholas, Jr.
Bethlehem
Leister, Claude M.
Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.
Chestnut Hill
Flaxman, B. Alan
Erie
Monahan, John J.
Greentree
Chang, Wallace H. J.
Gwynedd
Stoddard, James K.
Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Hershey
Vesell, Elliot S.
Hookstown
Bauer, Frank L.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion Station
Murphy, Grace L.
Narberth
O'Brien, Charles P., Jr.
Philadelphia
Bora, F. William, Jr.
Bornstein, Donald L.
Brent, Robert L.
Dohan, F. Curtis
Donovan, Woodrow M.
Field, Richard A.
Fisher, Mary S.
Gabuzda, Thomas G.
Gardner, Laurence B.
Heath, Robert D.
Hirschhorn, Richard C.
Johnson, Dale G.
Lehrich, James R.
Ludwig, George D.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Montgomery, Hugh
Nicholson, Jesse T.
Peltz, William L.
Perrin, George M.
Rasmussen, Howard
Roth, James L. d'A.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Thier, Samuel O.
Vaughan, Victor C., III
Waxman, Herbert S.
Willens, John S.
Wood, Howard P.
Wyngaarden, James B.
Zacks, Sumner I.
Pittsburgh
Fennell, Robert H., Jr.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
McLaughlin, William B.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III
Plattsburgh
Dwyer, John H.
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsburg
Michie, Catherine R.
West Chester
Kimura, Kazuo K.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND
North Kingstown
Brewster, David C.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hamlin, Hannibal
Liffman, Kenneth E.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Scott, H. Denman
Simeone, Fiorindo A.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Warren
Forget, Bernard G.
Rumford
Hogan, John F.
Warwick
Aaronson, Leroy D.
Madden, Edwin J.

SOUTH CAROLINA
Charleston
Baker, Charles R.F., Jr.
Boone, John A.

Summerall, Charles P., III
Talbert, Oliver R.

Columbia
Haskins, Bruce J.
Theus, Walter W.

SOUTH DAKOTA

Sioux Falls
Barlow, John F.
Wegner, Karl H.

TENNESSEE

Big Spring
Warren, Charles F.

Bristol
Gammon, William M.

Chattanooga
Ballard, Fred B., Jr.
Spalding, Robert

Johnson City
Brindley, Clyde O.

Kingsport
Maloy, Joseph K.

Knoxville
Chernoff, Amos I.

Memphis
Kabbani, Mahmoud M.
Livermore, George R., Jr.
Nobles, Eugene R., Jr.
Raines, Richard B.
Rosenberg, E. William
Shaw, John L.
Stern, Neuton S.

Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Hall, Hugh D.
Lee, John M.
Newmann, Elliott V.
Smith, Marion L.
Smith, Raphael F.

Oak Ridge
Ruley, Henry B.

TEXAS

Austin
Kreisle, James E.
Winkler, John J.

Beaumont
Hinshaw, Arvil J.

Carswell Air Force Base
Backman, John H.

Corpus Christi
Jenkins, Charles K.

Dallas
Binion, John T.
Coggeshall, Howard C.
Giles, Robert B., Jr.
Helgeson, Norman G.P.
Hodges, T. Wiley
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Moore, S. Halcuit, Jr.
Nathan, Martin J.
Rose, Patrick F.
Rosser, Curtice
Schneiderman, R. Neal
Siperstein, Marvin D.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, C. Gene
Wheeler, James T.
Williams, Oscar B., Jr.

Denison
Freeman, Don W.

El Paso
Jabaley, Michael E.

Fort Sam Houston
Babb, Joseph D.
Nash, Gerald

Fort Worth
Flood, William E.
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.

Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Keats, Arthur S.
Kennedy, John H.
Owen, William R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.

Lackland Air Force Base
Janis, Kenneth M.

McAllen
Evans, Sheridan S.

San Antonio
Foley, F. Daniel
Klapper, Jack A., Jr.
Nash, Andrea H.
Struble, Robert A.
Thompson, Milton S., Jr.
Wolfson, Steven

Shephard Air Force Base
Sperling, Arthur L.

UTAH

Ogden
Keyes, Gale H.
Perkins, Arthur

Salt Lake City
Christensen, William R.
Christenson, William N.
Clark, Lincoln D.
Herbertson, Wayne M.
Nelson, Russell M.
Nielsen, Talmadge W.
Rodman, Charles A., II
Temple, Anthony R.
Young, Clark

VERMONT

Bennington
Baker, Dudley M.
Giddings, W. Philip

Brattleboro
Sharper, J. Douglass
Tomkins, J. Butler

Burlington
Bell, John F.
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.

Enosburg Falls
O'Shea, Clare Marshall

Montpelier
Buttles, Roy V.

Shelburne
Lowell, William H., Jr.

Waterbury
Chittick, Rupert A.

West Townshend
Folsom, Hugh F.

White River Junction
Anthonisen, Niels L.
Crandell, Walter B.

VIRGINIA
Alexandria
Collins, Richard
Lewis, John L., Jr.
Lotz, Myron
Arlington
Detwiler, Robert H.
Ormandy, Laszlo
Charlottesville
O'Brien, William M.
Parson, William
Swineford, Oscar, Jr.
Wood, J. Edwin, Jr.
Hampton
Galdabini, James J.
Irvington
Wescott, Henry H.
McLean
Bridge, Edward M.
Worthington, Michael G.
Richmond
Adams, Raymond A.
Blades, James F.
Callison, James R.
Carmichael, Miriam W.
Goodale, Fairfield, Jr.
James, G. Watson, III
Jones, Basil B.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro
Tucker, James T.
Ulmer, Jack L.
Williams, G. Melville
Roanoke
Glendy, Margaret M.
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.
Williamsburg
Jones, Thomas B.

WASHINGTON
Bellevue
Milam, Daniel F., Jr.
Bellingham
Watts, Arthur B.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bell, John W.
Brown, Norman K.
Coe, Robert C.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Grainger, David W.
Green, Martin L.
Lawrence, G. Hugh
Lurie, Hugh J.
MacMahon, Charles E.
Mannik, Mart
McCollum, Richard G.
Morgan, Clarence L.
Odland, George F.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Steward, John E.
Volwiler, Wade
Wimberger, Herbert C.
Spokane
Andros, George
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Vancouver
Burns, E. Murray
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.
Yakima
Mathieu, Thomas J.

WEST VIRGINIA
Alderson
Hopkins, Robert P.
Beckley
Klingensmith, Walter E.
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.
Stewart, William C.
Fairmont
Shaffer, Frederick G.
Wang, Shen Kyang
Morgantown
Currie, Richard A.
Shaffer, Hubert A.
South Charleston
Steele, James L.
Wheeling
Duffy, Raymond J.
Weiler, Howard G.

WISCONSIN
Elm Grove
Schmidt, Robert A.
La Crosse
Gundersen, A. Erik
Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Murphy, George B., Jr.
Shealy, C. Norman
Tomkins, Douglas G.
Madison
Albright, Edwin C.
Gordon, Edgar S.
Greeley, Hugh P.
Hopkins, Charles E.
Javid, Manucher
McClung, John L.
Osborn, June E.
Schwartz, Abraham B.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Schneider, Chester C.
Princeton
Mueller, Gustave C.E.

WYOMING
Cheyenne
Kind, Henry A.

ARGENTINA
Buenos Aires
Scaliter, Dora F.

AUSTRALIA

Medindie
McCoy, William T.
Melbourne
Colquhoun, John B.

Sydney
Slater, Barbara L.
Trethowan, William H.
Victoria
Morris, Peter J.

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. de Q.
Sao Paulo
Barretto, Oscar de F.

CANADA
Aylmer
McKay, Wilfred W.
Calgary
Walker, Robert H.
Halifax
Marshall, Clyde S.
Hamilton
Detwiler, Robert C.
Fine, Stuart H.
Kingston
Ashworth, Michael A.
Kitchener
Tallon, John B.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley
Londonderry
MacKinnon, Roderick
Montreal
Chiu, Thomas L.
Davanloo, Habibolah
Freeman, Joel B.
Greenwood, Frederick A.H.
Johnson, Louis G.
Kahn, David S.
Lipowski, Zbigniew J.
MacDermott, Pembroke N.
McConnell, Fleming
Robillard, F. Robert
Robillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Thurlbeck, William M.
Wexler, Marvin J.
Olds
Burland, George R.
Huckell, John R.
Regina
Colpitts, Grant E.
St. Johns
Holt, Charles L.
Scarborough
Melvin, William J.S.
Sudbury
Field, Paul
Toronto
Burrington, John D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
Lowrey, Stanley R.
McIlroy, William J.
Michalska, Irene K.
Ritchie, Alexander C.
Simone, Andrew A.
Verny, Thomas R.
Vancouver
Bell, Henry M.
Dunn, William L.
Victoria
Aranas, Arturo L.
Duxbury, James H.
Winnipeg
Adamson, Gilbert L.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Brandstrup, Niels E.
Ibsen, Bjorn
Probst, Jan-Henrik
Hellerup
Andersen, Erik W.

EAST PAKISTAN
Dacca
Klaus, Hanna

EIRE
Dublin
Guiney, Edward J.

ENGLAND
London
Behrendt, Douglas M.
Brown, Joan M.
Greene, Reginald E.
Leigh, A. Denis
Raff, Martin C.
Sahay, Bal M.
Tow, Peter M.
Menston
Gore, Charles P.
Southampton
Hammond, Graeme L.
Lawson, Dexter W.

FRANCE
Lyon
Michel, Albert J.D.
Paris
Kernan, Reginald D.

GERMANY
Hamburg
Miller, Alfred E.
Munich
Harder, Hans J.
Huppe, Justin R.

GREECE
Athens
Arzimanoglu, Anthony A.
Zaouussis, Alexander L.
Thessaloniki
Papadopoulos, Demetrios A.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

GUAM
Agana
Schnur, James A.

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J.A.
Yodh, Shyam B.

Calcutta
Hughes, James R.
New Delhi
Pant, Shyam S.
Singh, Madan M.
Tandon, Rajendra
Punjab
Wysnam, Donald N.

IRAN
Resht
Samiy, Hussein E.
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Saidi, Farrokh

ISRAEL
Petah Tiqva
Laron, Zvi
Ramat Gan
Nahor, Amos
Rehovoth
Ronat, Judith G.
Tel Aviv
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso
Naples
Amati, Jacqueline M.

JAPAN
Tokyo
Suwa, Kunio
Tottori-shi
Okagaki, Takashi

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Harrison, Timothy S.
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid Ahmed
Wilson, John L.

MEXICO
Ensenada
Freeman, Norman E.
Mexico City
Belsasso, Guido

THE NETHERLANDS
Amsterdam
Donner, Reynout
Rotterdam
Greep, Jacobus M.

NIGERIA
Ibadan
Bohrer, Stanley P.
Lagos
Baldwin, Wayne E.

NORTHERN IRELAND
Belfast
Gibson, John G.

NORWAY
Oslo
Lund, Ivar
Stovner, Jacob

PERU
Lima
de Mola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

REPUBLIC OF THE CONGO
Leopoldville
Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Durban
Gamsu, David

SCOTLAND
Glasgow
Mital, Mohinder A.

SOUTH VIETNAM
Saigon
Keating, James P.

SWITZERLAND
Basel
Hugin, Werner
Geneva
Muller, Alex F.
Zurich
Bally, Peter R.

THAILAND
Bangkok
Stewart, Michael M.

TURKEY
Istanbul
Yenel, Faruk M.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

WALES
Cardiff
Thomas, Anne G.T.

WEST INDIES
HAITI
Port Au Prince
May, Harold L.

FORMS OF LEGACIES

A. An Unrestricted Legacy

"I give The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. A Legacy Restricted as to Principal but Not Restricted as to Income

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts ..... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund." Money given in this way establishes a permanent fund.

C. A Legacy Intended for a Special Purpose

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.